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IMPORTANT NOTES

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Train-the-Trainers Agenda

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HIV/AIDS in the Workplace

A Four-Day Train-the-Trainers Event for the United States Department of Agriculture

Day One

8:30-9:00	Registration and Welcome Pretest
	Introduction to the Course Expectations and Norms Review of Agenda Review of Teachback Process Review of Certification Formula
9:00-10:00	Inclusion Activity—Personal Portraits
10:00-10:15	BREAK
10:15-11:00	HIV/AIDS Facts Activity
11:00-12:00	Values About HIV/AIDS
12:00-1:00	LUNCH
1:00-2:30	HIV/AIDS Awareness Presentation
2:30-2:45	Break
2:45-3:30	Q&A with Person(s) Living with AIDS
3:30-4:00	Summary and Wrap-Up

Day Two

8:30-8:45	Introduction and Review/Preview
8:45-9:30	Review and Q & A on HIV/AIDS Awareness Presentation
9:30-12:00	Facilitation and Presentation Skills and “What ifs?” Preparation and Consultation Time and BREAK as needed
12:00-1:00	LUNCH
1:00-3:30	Teachback on HIV/AIDS Awareness (in pairs) and BREAK as needed
3:30-4:00	Summary and Wrap-Up

Day Three

8:30-8:45	Introduction and Review/Preview
8:45-10:30	<u>Management's Responsibilities—Policy Issues</u> Benefits Leave (including Family Leave Act, Leave Bank) Disability Insurance Health and Safety
10:30-10:45	BREAK
10:45-12:00	<u>Policy Issues, continued</u> Privacy and Confidentiality Co-Worker Attitudes and Responsibilities Non-Discrimination Reasonable Accommodation
12:00-1:00	LUNCH
1:00-3:30	EAP Presentation
3:30-4:00	Summary and Wrap-Up and Explanation of Day Four Teachback

Day Four

8:30-9:00	Introduction and Review/Preview
9:00-10:30	Teachback on HIV/AIDS Awareness (solo presentations)
10:30-10:45	BREAK
10:45-12:00	Teachback on HIV/AIDS Awareness, continued
12:00-1:00	LUNCH
1:00-3:00	Design Session on Policy Issues
3:30-4:00	Posttest, Certification, Summary, and Wrap-Up

Day Three

8:30-4:30

Introduction and Orientation
Registration and Orientation
Breakfast

Breakfast
Breakfast
Breakfast
Breakfast

8:30-4:30

8:30-4:30

Breakfast
Breakfast
Breakfast
Breakfast

8:30-4:30

8:30-4:30

8:30-4:30

8:30-4:30

8:30-4:30

8:30-4:30

IMPORTANT NOTES



Participant's Guide

Participant's Guide

Personal Portraits—Participant's Instructions

On a piece of blank newsprint, draw, write, or depict in some way three to five things that you would like the rest of the group to know about you. One of your drawings should portray your interest in volunteering as a trainer in the Federal Workplace HIV/AIDS Education Initiative.

Use caution in deciding what to include in your personal portrait. You may not want to include anything that is likely to cause discomfort for you or other training participants, or that may be otherwise inappropriate in this educational setting. When the facilitator calls time, be prepared to share your personal with the other members of your training group.

Myths and Facts Activity—Participant's Instructions

You will be working with a partner to gather cards containing myths or facts about HIV/AIDS. Your task is to determine, with the help of your partner, whether the statement is a myth or a fact. If you decide the statement is fact, tape it to the newsprint sheet labeled "Facts." If you decide the statement is myth, tape it on the newsprint sign labeled "myths." Keep score of the number of myths and facts you have identified correctly. During the discussion, be prepared to defend your position regarding the statements you selected.

Values About HIV/AIDS-Related Issues

Below you will find a series of statements. After reading each statement, circle the number (from one to five) that best describes your value or opinion about the statement in terms of its acceptability to you personally. Put an asterisk (*) next to any statement about which you feel strongly and a check mark (✓) next to any statement that is likely to cause you concern if expressed by a training participant. Be prepared to discuss your responses with another participant and then with several additional participants in succession until the entire group has discussed the statements and responses.

1. Sex without love.

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

2. Love without sex.

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

3. Sex outside of a committed relationship.

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

4. Homosexuality for other people.

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

5. Homosexuality for my child.

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

6. Separate workplaces for employees living with HIV/AIDS.

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

7. Accommodations in work arrangements for employees living with HIV/AIDS.

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

6. Sterilization for a woman who is HIV infected who has an HIV positive child.

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

7. Vasectomy for her HIV-infected sexual partner.

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

- 8. Abortion for a woman who is HIV infected who has had two children since becoming infected and is pregnant with her third child.**

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

- 9. Stiff sentences for injection drug users who share needles and other drug-injection paraphernalia.**

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

- 10. Sanctions against someone who knowingly donates HIV-infected blood.**

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

- 11. Removal of children from homes of HIV-infected parents.**

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

- 12. Laws to protect homosexuals from discrimination in housing, jobs, and public accommodations.**

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

- 13. Knowing one is HIV positive and continuing to have sex without telling the other person(s).**

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

- 14. Knowing one is HIV positive and continuing to have sex, using protection, without telling the other person(s).**

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

- 15. Knowing one is HIV positive and continuing to have sex, having told the other person(s).**

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

- 16. Prosecution for attempted murder of an HIV infected person who knowingly infects another person.**

Unacceptable to Me 1 2 3 4 5 Acceptable to Me

Explanation of the Certification Process

Qualified USDA volunteer trainers will be certified upon completion of the train-the-trainers session, including the teachback. Certification will be based on peer feedback, self-assessment, and trainer feedback, as well as performance on a pre- post assessment. Based on your scores on each of these components, you will be certified as one of the following based on the scores shown on the right:

Lead trainer	90—100%
Cotrainer	80—89%
Assistant trainer	Below 80 %.

Roles and responsibilities for each level of certification are outlined below:

Lead trainers may present courses without a co-trainer.

Cotrainers may present courses with either a lead trainer or another cotrainer.

Assistant trainers may present courses with a lead trainer.

Those with scores both above and below 80 may choose to work on World AIDS Day Activities and other special HIV/AIDS-related events. Your participation in these activities is most welcome and appreciated.

IMPORTANT NOTES

*HIV/AIDS Awareness
Presentation*

IMPORTANT NOTES

Handwritten notes and diagrams related to the presentation.

INTRODUCTION

PERSPECTIVE

PURPOSE

The purpose of this introduction is to enable trainers and participants to become acquainted with each other, and with the course goals, groundrules, and agenda. Participants will have the opportunity to state their expectations for the training, comment upon and add to the goals and groundrules, and clarify any questions about the course agenda.

COURSE GOALS

This course is designed to enable participants to:

- Understand the history of the HIV/AIDS epidemic and basic facts about HIV/AIDS
- Understand basic facts about HIV antibody test counseling and testing

UNIT GOALS

By the end of the introduction, participants will be able to:

- Understand and contribute to the groundrules
- Understand and contribute to course goals.

UNIT STRUCTURE—INTRODUCTORY UNIT

ACTIVITY	METHODS	TIME	MATERIALS
1. Introduction	Discussion, individual introductions	15 minutes	
2. Course Goals	Lecture, Q & A	5 minutes	Transparency
3. Groundrules	Lecture, Q & A	5 minutes	Transparency
4. Course Agenda	Lecture, Q & A	5 minutes	Training manual
TOTAL TIME REQUIRED		30 minutes	

TRAINERS' SCRIPT INTRODUCTORY UNIT (30 MINUTES)

15 MINUTES

REGISTRATION

As participants arrive, make sure that each person receives a training packet, name tag, and other appropriate materials. Invite participants to help themselves to refreshments and to select a seat, preferably next to someone with whom they don't work everyday. Ask participants to review the training agenda.

15 MINUTES

INTRODUCTION

Begin by welcoming everyone to training on *HIV/AIDS in the Workplace*. Ask each participant to introduce him or herself by name and job, and to share an expectation for the training. Flipchart the expectations for easy reference throughout the training and to bridge to the course goals and objectives. Once participants have introduced themselves, welcome them again and have each trainer introduce him or herself by giving a brief background sketch, highlighting experience in the training topic.

15 MINUTES

COURSE GOALS, GROUNDRULES, AND AGENDA

(5 minutes)

Course Goals

Visual Intro.1

Use Visual Intro.1 to review the posted course goals, which include:

- Understand the history of the HIV/AIDS epidemic and basic facts about HIV/AIDS
- Understand basic facts about HIV antibody test counseling and testing
- Understand HIV/AIDS workplace issues and employer and employee rights and responsibilities.

Solicit questions or comments on the course goals.

(5 minutes)

Groundrules

Visual Intro.2

Use Visual Intro.2 to review the course groundrules, which include:

- All sessions will begin and end on time
- Participants are expected to attend unless coordinator is notified in advance
- Notify trainers or supervisors of last minute emergencies
- All questions are welcome; the only dumb questions are the ones not asked

- Respect others and avoid debates on questions of values or personal opinions
- Avoid self-disclosure that is likely to be uncomfortable for oneself or other participants
- Avoid dominating the discussion but feel free to participate to the degree of personal comfort
- Everyone has the right to pass on any exercise or portion of training
- Relax and have fun.

Invite participants to comment upon or add any groundrules they would like to observe during the training.

(5 minutes)

Review of Course Agenda

Briefly review the course agenda and state that by the end of the three-day training, participants should be quite familiar with the elements of basic HIV/AIDS facts, risk assessment, risk reduction, and HIV antibody test counseling.

Invite participants to ask questions about the course agenda and proceed to the next section: *HIV/AIDS Awareness Issues*.

Course Goals

- **Understand the history of the HIV/AIDS epidemic and basic facts about HIV/AIDS**
- **Understand basic facts about HIV antibody test counseling and testing**
- **Understand HIV/AIDS workplace issues and employer and employee rights and responsibilities.**

Course Groundrules

- **All sessions will begin and end on time**
- **Participants are expected to attend unless coordinator is notified in advance**
- **Notify trainers or supervisors of last minute emergencies**
- **All questions are welcome; the only dumb questions are the ones not asked**
- **Respect others and avoid debates on questions of values or personal opinions**
- **Avoid self-disclosure that is likely to be uncomfortable for oneself or other participants. When in doubt, don't disclose.**
- **Avoid dominating the discussion but feel free to participate to the degree of personal comfort**
- **Everyone has the right to pass on any exercise or portion of training**
- **Relax and have fun**

THE HISTORY OF THE HIV/AIDS EPIDEMIC, HIV/AIDS 101 AND OVERVIEW OF ANTIBODY TESTING

PERSPECTIVE

PURPOSE

The purpose of this portion of the training is to examine the history of the HIV epidemic since 1981, when AIDS was first identified as a syndrome. The unit explores basic facts about HIV/AIDS, including definitions of HIV and AIDS, the immune system, modes of HIV transmission, the spectrum of infection, and co-factors in disease progression. 1993 additions to the AIDS case definitions are included.

UNIT GOALS

This unit is designed to enable participants to:

- Understand the history of the HIV/AIDS epidemic by examining growth in AIDS cases from 1981 until the present
- Understand the distribution of adult AIDS cases by method of HIV transmission
- Understand basic facts about HIV/AIDS, including:
 - Definition of HIV
 - The Components of the Immune System
 - HIV Transmission Methods
 - + Transmission through Sexual Contact
 - + Transmission through Drug Use Behaviors and Other Blood Sharing Activities
 - + Perinatal Transmission and Transmission through Breast Milk
 - + Transmission through Transfusion or Receipt of Clotting Factors
 - HIV Spectrum of Infection
 - Definition of AIDS
 - AIDS Case Definition, Including 1993 Additions
 - Co-Factors in Disease Progression.
- Acquire an overview of testing, including:
 - Facts about HIV antibody tests
 - The Meaning of Test Results
 - Reasons For and Against Antibody Testing.

UNIT STRUCTURE—THE HISTORY OF THE EPIDEMIC, HIV/AIDS 101/201 AND OVERVIEW OF TESTING

ACTIVITY	METHOD	TIME	MATERIALS
1. The History of the HIV/AIDS Epidemic	Lecture, Discussion	10 minutes	Transparencies
2. Basic Facts about HIV/AIDS	Lecture, Discussion	60 minutes	Transparencies, flipcharts, markers
2a. Definition of HIV	Brainstorm	(10 minutes)	Flipchart, markers
2b. Components of the Immune System	Lecture Optional Exercise	(10 minutes)	Transparency, flipchart, marker
2c. HIV Transmission Methods	Lecture, Brainstorm	(10 minutes)	Transparency
2d. HIV Spectrum of Infection	Lecture, Brainstorm	(10 minutes)	Transparency
2e. Definition of AIDS	Lecture, Brainstorm	(5 minutes)	
2f. AIDS Case Definition	Lecture, Discussion	(5 minutes)	Transparency
2g. Co-Factors in Disease Progression	Lecture, Brainstorm	(10 minutes)	Transparency
Break		15 minutes	
3. Overview of Testing	Lecture, Brainstorm, Discussions	20 minutes	Transparencies, flipcharts, markers
3a. Facts about HIV Antibody Tests	Lecture, Discussion	(10 minutes)	Transparencies
3b. Meaning of Test Results	Lecture, Discussion	(5 minutes)	Transparency
3c. Reasons For and Against Testing	Brainstorm	(5 minutes)	Flipchart, markers
TOTAL TIME REQUIRED		90 minutes =1 hour, 30 minutes	

TRAINER'S SCRIPT UNIT ONE: THE HISTORY OF THE HIV/AIDS EPIDEMIC AND HIV/AIDS 101/201

10 MINUTES THE HISTORY OF THE HIV/AIDS EPIDEMIC

Visual 1.1 Begin by presenting Visual 1.1, *Diagnosed AIDS Cases by Year*. Point out that in the beginning of the epidemic, in 1981, there were 314 reported AIDS cases in the United States and that by the end of 1992 there were 253,448 reported cases and 361,164 by the end of 1993. Explain that you will present the 1993 revised AIDS case definition in a moment, which will increase the number of reported AIDS cases by approximately 50% in each of the primary transmission categories. Solicit questions about the current number of cases or about the growth of the epidemic since 1981.

Visual 1.2 Next, present Visual 1.2, *Distribution of Adult AIDS Cases by Method of HIV Transmission*. Pointing to the appropriate sections of the pie chart, cover the following transmission categories by percentage of adult cases:

- Men who have sex with men only, 57%
- Injecting drug use only (not including men who have sex with men), 23%
- Men who have sex with men and inject drugs, 6%
- Male-female sexual contact, 7%
- Other multiple risk (including receipt of donor blood products and other undetermined behaviors), 7%.

Solicit questions about the distribution of AIDS cases by method of transmission. Point out that it is sexual and drug use activities that transmit the virus without regard to gender and that sharing infected body fluids, not sexual orientation or identification with any group, leads to transmission. Note that for this reason, we avoid referring to “high risk groups.” Invite additional questions or comments about the history of the HIV/AIDS epidemic. Note that the last category, *undetermined behaviors*, refers to cases by transfusion or cases in which the risk behaviors have not been identified, and not to other mysterious behaviors or casual contact. State that there are *no* cases of HIV transmission through means other than shared blood, semen, vaginal secretions, or breast milk, which will be presented in more detail in a moment when we cover methods of transmission of HIV.

60 MINUTES

HIV/AIDS AWARENESS ISSUES

Visual 1.3

Using a prepared flipchart or Visual 1.3, state that in this section, the following topics are covered:

- Definition of HIV
- The Components of the Immune System
- HIV Transmission Methods
 - Transmission through Sexual Contact
 - Transmission through Drug Use Behaviors and Other Blood Sharing Activities
 - Perinatal Transmission and Transmission through Breast Milk
 - Transmission through Blood Transfusion or Receipt of Clotting Factors
- HIV Spectrum of Infection
- Definition of AIDS
- AIDS Case Definition, Including 1993 Additions
- Co-Factors in Disease Progression.

Prepared flipchart Definition of HIV

(10 minutes)

First, ask for and flipchart, on a sheet labeled *HIV* in large letters down the left side, the definition and meaning of HIV—*human immunodeficiency virus*. Be sure to cover the following:

- *Human*. HIV infects only humans, as opposed to similar viruses, which affect other species, such as *SIV*—*simian immunodeficiency virus*—in primates or a form of feline leukemia in cats
- *Immunodeficiency*, meaning that the virus causes the body's defense department, which is charged with warding off or fighting off foreign invaders, to become weakened and less able to defend the host against subsequent invaders
- *Virus*, an infective agent or foreign invader, which in the case of HIV is attracted to and affects the body's immune system.

Visual 1.4

The Components of the Immune System

(10 minutes)

Using the army, or defense department analogy, introduce and draw or use Visual 1.4 to present the following white blood cells, or *soldiers*, which comprise the immune system and present the following brief sketch of how HIV affects the immune system:

- *Macrophages* act as sentries or lookouts for and transmit information to CD4 cells regarding invasions by foreign infectious agents and can act as warehouses by harboring HIV.
- *CD4 or T4 Helper cells* act as the generals of our immune systems by activating other white blood cells, or soldiers, when notified by the macrophages of an invasion and are the primary cells invaded, attacked, and “kidnapped” by HIV. When the invaded CD4 cells replicate, they appear as HIV cells. As more and more cells are invaded, the entire immune system becomes progressively weakened and vulnerable to invasion by other infectious agents. In effect, the generals of the army are immobilized and unable to direct subsequent battles.

Mention at this point that *antibodies* are markers, or proteins in the blood manufactured by the B-plasma cells that attack and usually defeat specific foreign invaders for which they are intended, but in the case of HIV are ineffective and seem to “bounce” off of the outer coating, or protein envelope, of the virus.

Explain that when HIV invades and kidnaps the CD4 cells and HIV antibodies are produced, HIV infection occurs and a person is said to be *HIV antibody positive* or *HIV-infected*, which we will cover after the morning break in the overview of testing and in a moment when we cover the spectrum of HIV infection.

Solicit questions or comments on the immune system and the effects of HIV.

(10 minutes)

HIV Transmission Methods

Mention that infection with HIV occurs when *blood, semen, or vaginal secretions* containing the virus enter the body through sexual contact, sharing of blood products, or from mother to unborn child during pregnancy, during the birth process, or through breast milk. Explain that other body fluids, such as saliva, tears, and perspiration contain insufficient amounts of the virus to enable transmission and that there are no recorded cases of transmission through these fluids.

Mention that the following transmission categories will be covered at this point:

- Transmission through Sexual Contact
- Transmission through Drug Use Behaviors and Other Blood Sharing Activities
- Perinatal Transmission and Transmission through Breast Milk
- Transmission through Blood Transfusion or Receipt of Clotting Factors.

Transmission through Sexual Contact

Solicit and flipchart the sexual behaviors by which HIV may be transmitted, including:

- Unprotected anal intercourse with an HIV-infected person
- Unprotected vaginal intercourse with an HIV-infected person
- Unprotected mouth to genital sex with an HIV-infected person
- Any other sexual activity in which semen, vaginal secretions, or blood are shared.

Point out that engaging in these sexual activities can transmit HIV without regard to gender and that exchanging blood, semen, or vaginal secretions, and not sexual orientation or identification with any group, leads to transmission. Reiterate that for this reason, we avoid referring to “high risk groups.” Explain also that the above activities also enable transmission of other sexually transmitted diseases, many of which are epidemic at the present time, and that unprotected vaginal intercourse permits pregnancy, intended or unintended, as well. Stress that since one can be HIV-infected without exhibiting any symptoms whatsoever, there is no way to avoid infection by only having contact with *known* partners or by limiting the number of sexual partners. For example, a

woman having sex with one man whom she does not know is HIV-infected is every bit as much at risk of infection as someone having sex with a variety of partners whose HIV status is unknown.

Transmission through Drug Use Behaviors and Other Blood Sharing Activities

Solicit and flipchart the behaviors through which HIV might be transmitted through drug use or other fluid-sharing behaviors:

- Injection drug use¹, including vitamin or steroid injections, in which blood is exchanged through shared needles, syringes, cookers, cotton, water, tubing or other injection equipment containing infected blood
- Unprotected sex while under the influence or in blackout, a period of waking amnesia, during which when judgment and perception are impaired
- Other blood sharing behaviors associated with drug use, rituals, or other activities (e.g. skin piercing, tattooing).

Perinatal Transmission and Transmission through Breast Milk

Explain that since mother and fetus share the mothers' blood supply, the unborn child may be infected *in utero* or during the birth process. Point out that it takes from 3 to 18 months for the child's immune system to establish his or her own antibodies and that children who test HIV antibody positive during that period may be reflecting the mothers', so-called *passive antibodies*. For this reason, children in this age group should be periodically tested to ensure that the tests reflect their own, and not their mothers' HIV antibody status. State that there are recorded cases in which infected mothers have transmitted HIV to their uninfected newborns through breast milk. Observe that one such well-known example is HIV/AIDS activist Elizabeth Glaser, head of the Pediatric AIDS Foundation, who received a transfusion with infected blood (prior to 1985) after the birth of her first child. The virus was transmitted to her daughter (who has since died) through breast milk and later to her son in utero. Both Ms. Glaser and her son have remained symptom-free for a number of years.

Transmission through Transfusion or Receipt of Clotting Factors

¹ Note that we no longer use the term *intravenous* drug use. Injection drug use refers to all routes of administration—intravenous, intramuscular, and/or subcutaneous (“skin-popping”). The abbreviation for injection or injecting drug use or user is IDU, which replaces IVDU.

Explain that before 1985, the year when tests became universally available to test the nation's blood supply for HIV antibodies in donated and stored blood and blood products, HIV was more commonly transmitted through blood transfusions and through receipt of clotting factors by people with hemophilia. Such clotting factors are now heat treated to destroy the virus. Transmission in the United States through these means is now rare; however, in countries where the blood supply is not universally or routinely screened, such transmission still occurs.

(10 minutes)

HIV Spectrum of Infection

Visual 1.5

Using Visual 1.5 or a prepared flipchart, the so-called *HIV/AIDS pyramid*, present the following spectrum of infection, beginning at the bottom of the pyramid:

- *At-risk stage.* The period of engaging in one or more of the behaviors mentioned above, sometimes called the “worried well” stage.
- *HIV infection or pre-clinical stage.* Period following acquisition of the virus through any of the above means, whether or not HIV infection status is known. A person in this stage may be symptom-free, often for many years, or may exhibit mild flu-like symptoms around the time of infection, known as Acute Viral Syndrome (AVS) or Acute Retroviral Syndrome (ARS). There is also evidence that the virus begins to affect the lymph and central nervous system during the pre-clinical stage, but with no outward symptoms.
- *Symptomatic stage*, during which a variety and spectrum of symptoms might appear, including but not limited to:
 - Unexplained significant weight loss
 - Drenching night sweats
 - Persistent diarrhea
 - Persistent fever
 - Persistent fatigue
 - Movement or memory difficulties
 - Persistent generalized lymphadenopathy [swollen lymph glands in the neck, under the arms, and/or in the groin area] (PGL)
 - Skin rashes
 - Lack of resistance to infection
 - Furry white spots in the mouth (signs of thrush)
 - Persistent dry cough or shortness of breath

- Red or purplish spots anywhere on the skin, and throughout the body (signs of Kaposi's sarcoma)
- Recurrent yeast infections (especially vaginal infections for women).

Note that the term *AIDS Related Complex* is no longer in common usage to describe the symptomatic stage. Also note that from weeks to months to many years may elapse before the symptomatic stage occurs and reiterate that there is no way to tell by looking at or inquiring of a person if he or she is infected with HIV. Mention that people often recover even from the above symptoms and may feel and look well for many months or years. Explain that progression to symptoms and disease seems to depend on a number of co-factors, which will be covered in a moment after we define AIDS and look at some of the indicator diseases.

Note that it is not yet known whether individuals may remain asymptomatic indefinitely. There are many long-term survivors who trace their points of infection to the late 70s or early 80s. State that we will examine health promoting behaviors late in the afternoon in the unit on risk reduction.

- *AIDS Diagnosis*, or *Clinical Stage*, during which certain criteria, which will be presented in a moment, must be met, as follows:

(5 minutes)

Definition of AIDS

Next, ask for and flipchart the definition of the term AIDS—*Acquired Immune Deficiency Syndrome*. Explain that the definition means:

- *Acquired* —one obtains the syndrome through contact with the causal virus, rather than through genetic means
- *Immunodeficiency* —the causal virus hampers the body's ability to ward off or fight off invaders and enables opportunistic infections and diseases to further weaken the immune system
- *Syndrome* —a collection of signs (visible) and symptoms (reportable).

(5 minutes)

Visual 1.6

AIDS Case Definition, Including 1993 Additions*

Using Visual 1.6, highlight the 1993 additions to the AIDS case definition (in the shaded areas), and explain that to qualify for an AIDS diagnosis, a person must meet one or more of the following criteria:

- CD4+ T-lymphocyte count of less than 200/mm* (People with normal immune systems average between 800 to 1200 CD4+ T-lymphocyte cells per cubic millimeter.
- AIDS indicator diseases (Drugs or treatments commonly used to combat the diseases appear in parentheses):
 - *Pneumocystis carinii* pneumonia (Pentamidine, trimethoprim-sulfamthoxazole)
 - Recurrent bacterial pneumonia* (trimethoprim-sulfamthoxazole)
 - Candidiasis (yeast infection) of the esophagus, bronchi, or lungs (Nystatin, Amphotericin B)
 - Cryptococcosis, extrapulmonary (Amphotericin B)
 - Cryptosporidiosis with diarrhea persisting more than one month
 - Herpes simplex virus infection persisting longer than one month; or bronchitis, pneumonitis, or esophagitis for any duration in patients older than 1 month (Acyclovir) /Herpes Varicella-Zoster virus
 - Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia (LIP/PLH complex) affecting a child under 13 years of age
 - *Mycobacterium avium* complex of *M. kansasii* disease, disseminated (at a site other than or in addition to lungs, skin, or cervical or hilar lymph nodes)
 - Kaposi's sarcoma (cancer of the lining of the blood vessels) (Alpha interferon, chemotherapy, radiation, cryotherapy, surgery)
 - Lymphoma of the brain (primary) affecting a patient under 60 years of age
 - Progressive multifocal leukoencephalopathy (PML)
 - Toxoplasmosis of the brain affecting a patient over one month of age
 - HIV encephalopathy (also called HIV or AIDS dementia)
 - Non-Hodgkins lymphoma of B-cell or unknown immunologic phenotype
 - Invasive cervical cancer at any age*
 - Disease caused by *M. tuberculosis*, pulmonary* or extrapulmonary (Isoniazid, rifampin)
 - Recurrent salmonella (nontyphoid) septicemia
 - Cytomegalovirus retinitis with loss of vision (ganciclovir)

- Histoplasmosis
- Isoporiasis
- HIV wasting syndrome (emaciation, “slim disease”).

Mention that several drug therapies and protocols exist and/or are undergoing trials that:

- Keep or inhibit the virus from multiplying
- Help to maintain or strengthen the body’s immune system
- Help control the infections that occur because the immune system has been suppressed.

Note that because of the wide variation of individuals’ course of disease progression, the whole continuum between infection and clinical case definition is usually referred to as “HIV disease.” Increasingly, this term is used to identify conditions and factors that affect people along the continuum.

Solicit questions or comments regarding the HIV spectrum and the AIDS case definitions, including the 1993 additions and the corresponding dramatic increase in the number of reported cases in 1993 (361,164).

(10 minutes)

Co-Factors in Disease Progression

Visual 1.7

State that individuals who progress from asymptomatic to symptoms or AIDS seem to exhibit a number of co-factors. Co-factors are diseases, agents, or conditions that place stress on the body’s immune system; thus, when HIV is present, further challenges to the immune system occur. Some researchers believe that such co-factors or other infectious agents must be present for progression to disease to occur. Use visual 1.7 to present the most common co-factors in disease progression:

- Intercurrent infections, e.g. Epstein-Barr Virus, cytomegalovirus, herpes viruses, hepatitis-B, tuberculosis
- Pre-existing diseases, e.g. cancer, diabetes
- Alcohol and other drug abuse, including nicotine and steroids
- Sexually transmitted diseases, e.g. syphilis, others causing lesions
- Pregnancy/childbirth
- Excessive or unmanageable emotional stress
- Trauma, surgery, accidents

- Poor nutrition
- Poor sanitation
- Lack of adequate health care
- Allergies
- Vaccinations using “live” materials.

Solicit questions about co-factors in disease progression or any other material covered to date.

Announce a 15 minute break and remind participants that the session will resume on time with an overview of testing.

15 MINUTES

BREAK

(20 minutes)

Overview of Testing

Present the topics to be covered in this overview, including:

- Facts about HIV Antibody Tests
- The Meaning of Test Results
- Reasons For and Against Antibody Testing

(10 minutes)

Facts about HIV Antibody Tests

Present factual information on HIV antibody testing. Explain that the two most commonly used tests (ELISA and Western Blot) isolate antibodies (markers) in the blood that presume the presence of HIV, the virus that causes AIDS.

Further explain that tests to detect the presence of the actual virus (HIV) or the DNA in the virus are currently in limited availability. While they are still quite expensive, they are frequently used in clinical trials for various treatment studies.

Explain that the “window period,” the time between infection and the presence of *detectable* antibodies is commonly three to six months. Some studies report even longer window periods.

Visuals 1.8 and 1.9

Focus on the two types of tests commonly used—the ELISA (enzyme-linked immunosorbent assay) and the Western Blot, and their limitations. Use “crab-trap” Visuals 1.8 and 1.9 to help explain:

- False positive results
- False negative results.

Compare the tests to crab traps. Explain that the ELISA can be "overinclusive". It is a crab trap that catches crabs but it may also catch fish and lobsters and call them crabs. The ELISA is reactive to HIV antibodies, but it may also react to antibodies which are similar, including:

- Pregnancy—especially in women who have had several children by different fathers
- Hepatitis-B
- Other retroviruses.

Because of this, there is a slim possibility of false positive test results. Explain that a small number of people receive *indeterminate* or "nonconclusive" test results. This test result occurs when there is some reaction to the test but not *sufficient reaction* to warrant a positive result. This result could occur because the person is infected, but has not yet developed sufficient antibodies to register a positive result or because other proteins or antibodies have been detected. Repeat testing is advisable in an indeterminate or inconclusive test result.

Summarize and solicit questions and comments.

Explain that the Western Blot test can be "underinclusive." It only reacts to HIV antibodies but sometimes it doesn't recognize them. Because of this, the Western Blot may not react if there are not enough HIV antibodies. Therefore, it is possible to have a false negative result. This is analogous to a crab trap that will catch only some crabs and let others escape or allude capture.

Explain that when used together, the two tests provide an extremely accurate (99%+) antibody test. False positive or false negative results are very rare when both tests are used.

Reiterate that—even though they test for antibodies—positive ELISA and Western Blot tests are considered conclusive evidence of the presence of HIV itself.

(5 minutes)

The Meaning of Test Results

Prepared Flipchart Review each point on seronegative and seropositive results, *sero* meaning blood serum:

A seronegative test result indicates that the client:

- Is *not* infected, or

- Is infected, but the antibodies to the virus are not yet present.

A seropositive test result indicates that the client:

- Has been infected with HIV and can spread the virus to others
- May not now have or ever develop symptoms of AIDS, especially if he or she maintains a healthier lifestyle and follows risk reduction precautions
- Should seek medical advice on the status of his or her immune system
- Should know and be alert for any HIV disease-related symptoms and seek medical attention for them
- Should refrain from donating blood, sperm, body organs, or tissue
- Should receive thorough counseling about revealing test results to past and current sexual partners, drug using partners, health care professionals, and appropriate others.

Stress the fact that some clients will interpret their test results to mean they have AIDS and that such clients will need help understanding the difference between infection and disease.

The length of time between infection and the onset of HIV disease symptoms may last months or years, perhaps ten years or more. Reiterate that drug use and other cofactors may shorten the interim period.

Also, the client will need help understanding that the decision to undergo or not undergo testing, and to get or not get results, may be stressful, as might deciding whether to tell and/or actually telling significant others one's test results.

(5 minutes)

Reasons For and Against Testing

Note that decision making around HIV testing may be difficult. It involves not only emotional/personal issues for the client but also ethical and legal issues.

Cite some emotional/personal issues:

- Fear of needles in a medical setting (even among needle users)

- Fear of the medical setting
- Fear of the unknown
- Fear of rejection
- Fear of lack of confidentiality and discrimination.

Prepared Flipchart Brainstorm reasons for and against HIV antibody testing.

Reasons for testing might include:

- Relief of anxiety—a "need to know"
- Motivation for behavioral change
- Contemplation of fidelity, marriage, or pregnancy
- Desire to be aware of possible risk to fetus (if client is pregnant or considering pregnancy)
- Right to health information
- Protection for sexual partners and friends
- Experimental medical treatment for HIV-infected individuals.

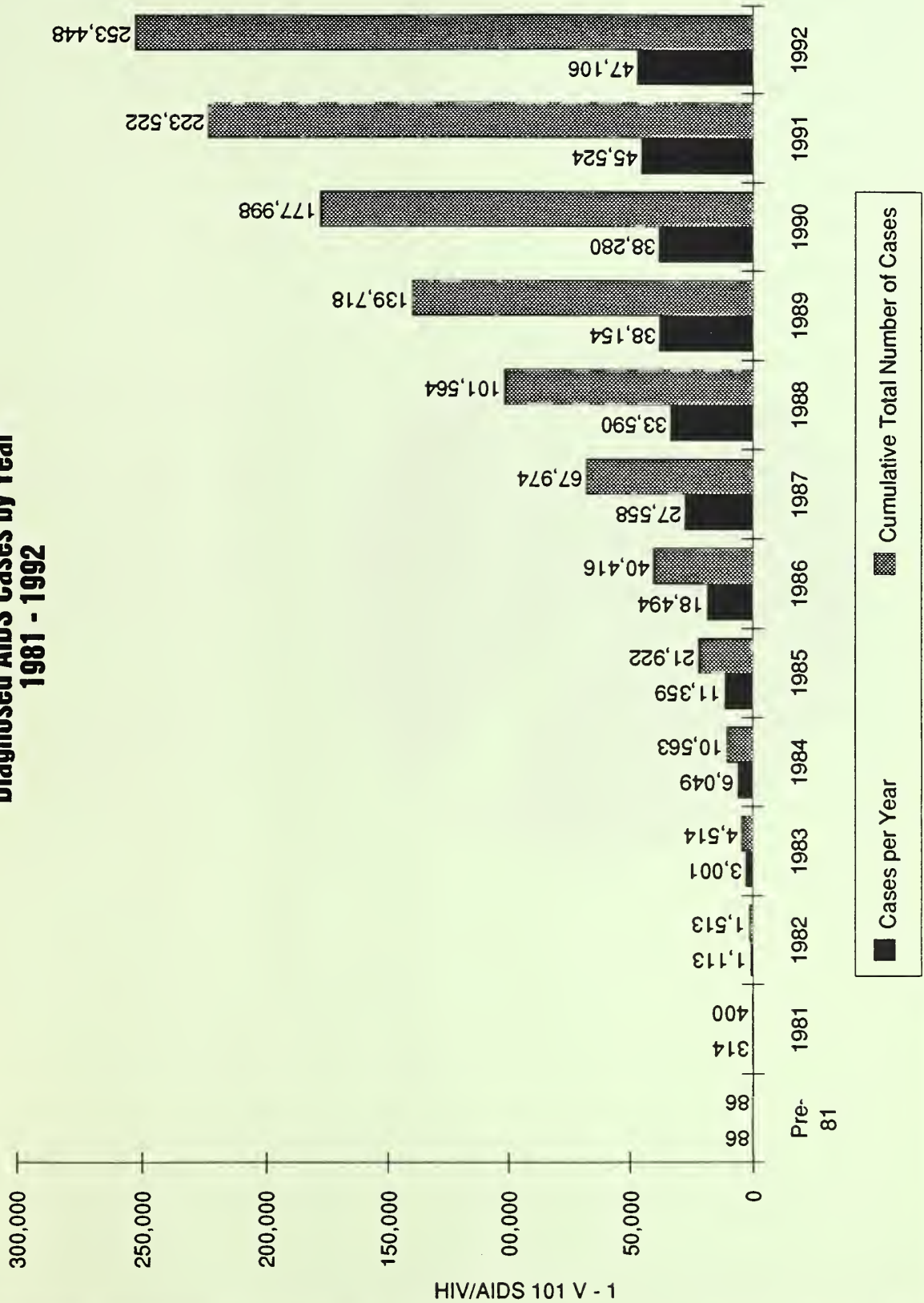
Reasons against testing might include:

- Abuse of test results
- Behavioral change possible without testing
- Confidentiality may not be guaranteed
- Discrimination
- Risk of adverse client reaction
- Knowledge of HIV status, whether positive or negative, might be barrier to behavior change
- Not knowing status may provide hope of not being infected and may therefore promote behavior change.

Summarize the major points for and against testing. Emphasize the importance of becoming familiar with State laws related to HIV antibody testing.

Diagnosed AIDS Cases by Year

Diagnosed AIDS Cases by Year 1981 - 1992

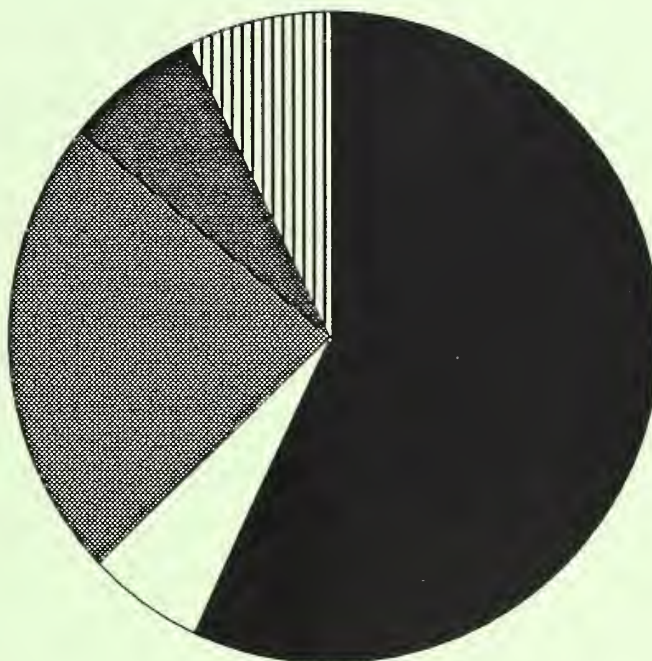


Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, February 1993: 1-23

Distribution of Adult AIDS Cases by Method of HIV Transmission

**Distribution of Adult AIDS Cases
by Method of HIV Transmission**

- Men Who Have Sex With Men Only, 57%
- Men Who Have Sex With Men and Inject Drugs, 6%
- Injecting Drug User Only, 23%
(Female and heterosexual male, e.g., not including gay and bisexual men)
- Heterosexual Contact, 7%
- ▨ Other Multiple Risks, 7%
(Includes hemophilia, transfusion, and other/undetermined)



Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, February 1993: 1-23

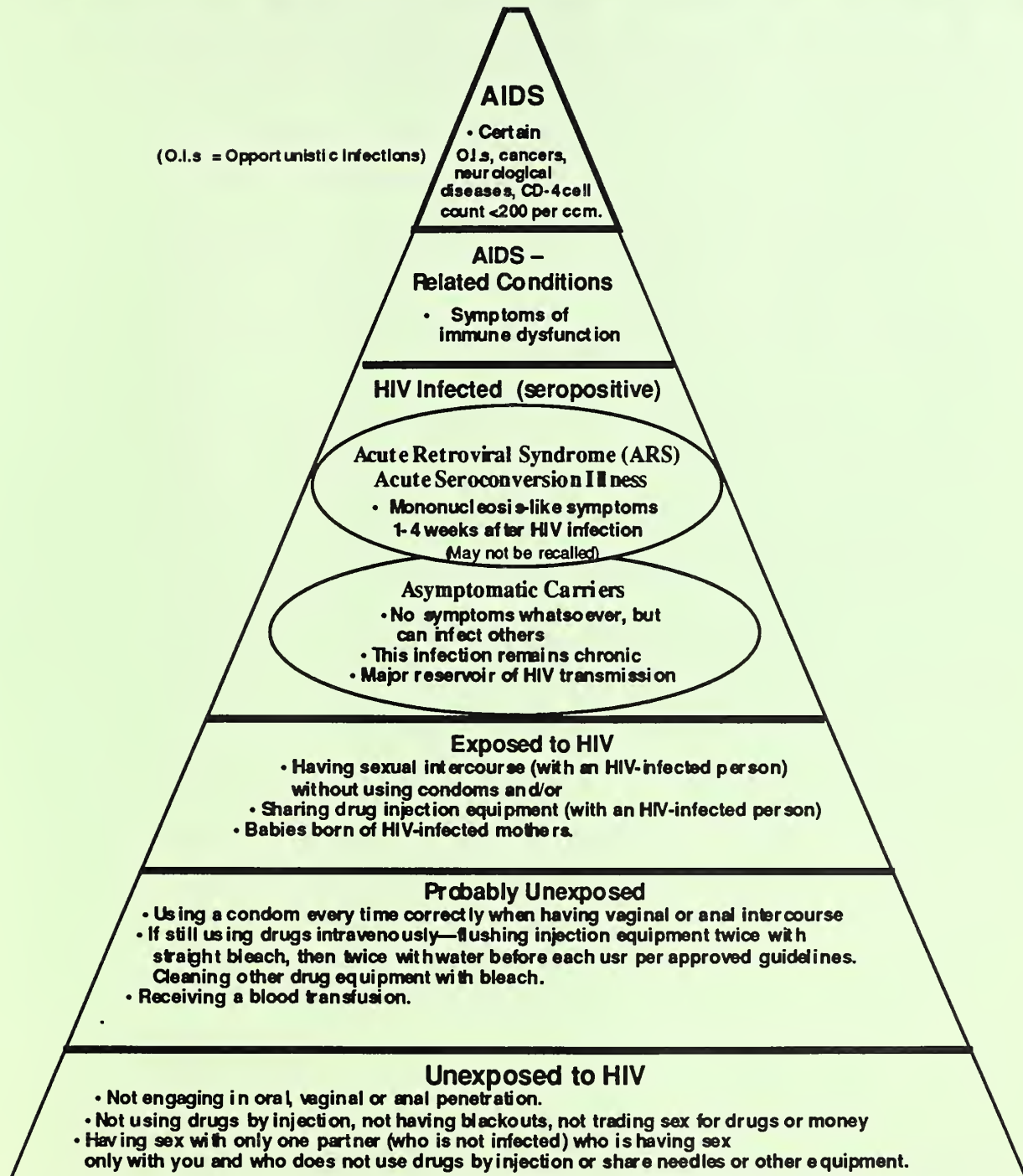
Topics Covered in HIV/AIDS 101/201

- **Definition of HIV**
- **The Components of the Immune System**
- **HIV Transmission Methods**
 - **Transmission through Sexual Contact**
 - **Transmission through Drug Use Behaviors and Other Blood Sharing Activities**
 - **Perinatal Transmission and Transmission through Breast Milk**
 - **Transmission through Blood Transfusion or Receipt of Clotting Factors**
- **HIV Spectrum of Infection**
- **Definition of AIDS**
- **AIDS Case Definition, Including 1993 Additions**
- **Co-Factors in Disease Progression.**

The Soldiers in the Immune System

- **Macrophages (Lookouts, sentries)**
- **CD4 or T4 Helper Cells (Generals)**
- **B-Plasmas (Foot Soldiers)**
- **Antibodies (Weapons)**
- **B-Memory Cells (Computer Operators)**
- **T8 Suppressor Cells (Clean-up Crew)**

The AIDS Pyramid



AIDS Case Definition

- **CD4+ T-lymphocyte count of less than 200/mm***
- **AIDS indicator diseases:**
 - *Pneumocystis carinii* pneumonia
 - **Recurrent bacterial pneumonia***
 - Candidiasis (yeast infection) of the esophagus, bronchi, or lungs
 - Cryptococcosis, extrapulmonary
 - Cryptosporidiosis with diarrhea persisting more than 1 month
 - Herpes simplex virus Infection persisting longer than 1 month; or bronchitis, pneumonitis, or esophagitis for any duration in patients older than 1 month/Herpes Varicella-Zoster virus
 - Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia (LIP/PLH complex) affecting a child under 13 years of age
 - *Mycobacterium avium* complex of *M. kansaii* disease, disseminated (at a site other than or in addition to lungs, skin, or cervical or hilar lymph nodes)
 - Kaposi's sarcoma (cancer of the lining of the blood vessels)
 - Lymphoma of the brain (primary) affecting a patient under 60 years of age
 - Progressive multifocal leukoencephalopathy (PML)
 - Toxoplasmosis of the brain affecting a patient over 1 month of age
 - HIV encephalopathy (also called HIV or AIDS dementia)
 - Non-Hodgkins lymphoma of B-cell or unknown immunologic phenotype
 - **Invasive cervical cancer at any age***
 - **Disease caused by *M. tuberculosis*, pulmonary* or extrapulmonary**
 - Recurrent salmonella (nontyphoid) septicemia
 - Cytomegalovirus retinitis with loss of vision
 - Histoplasmosis
 - Isoporiasis
 - HIV wasting syndrome (emaciation, "slim disease")
 - Recurrent yeast infection (especially vaginal infections in women)




Co-Factors in Disease Progression

- **Intercurrent infections, e.g. Epstein-Barr Virus, cytomegalovirus, herpes viruses, hepatitis-B, tuberculosis**
- **Pre-existing diseases, e.g. cancer, diabetes**
- **Alcohol and other drug abuse, including nicotine and steroids**
- **Sexually transmitted diseases, e.g. syphilis, others causing lesions**
- **Pregnancy/childbirth**
- **Excessive or unmanageable emotional stress**
- **Trauma, surgery, accidents**
- **Poor nutrition**
- **Poor sanitation**
- **Lack of adequate health care**
- **Allergies**
- **Vaccinations using “live” materials.**

ELISA TEST

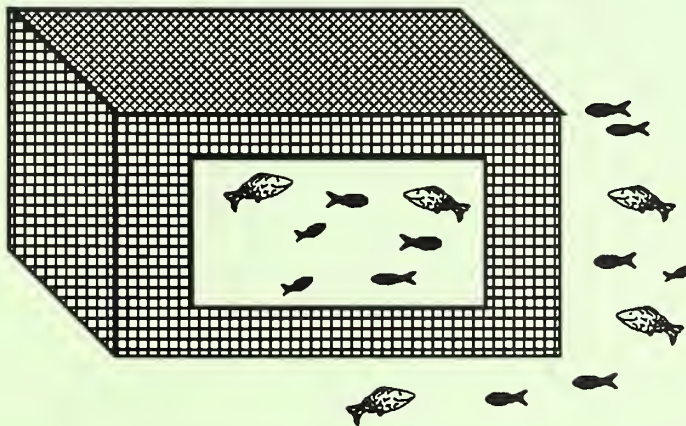
(Enzyme-Linked Immunosorbent Assay)






-  = HIV Antibodies
 -  = Pregnancy Antibodies
 -  = Other Retroviruses
-

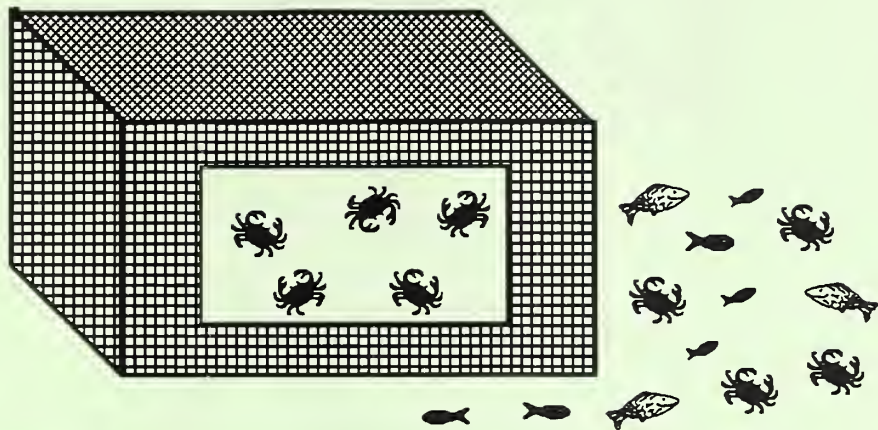
ELISA TEST




(False Positive)



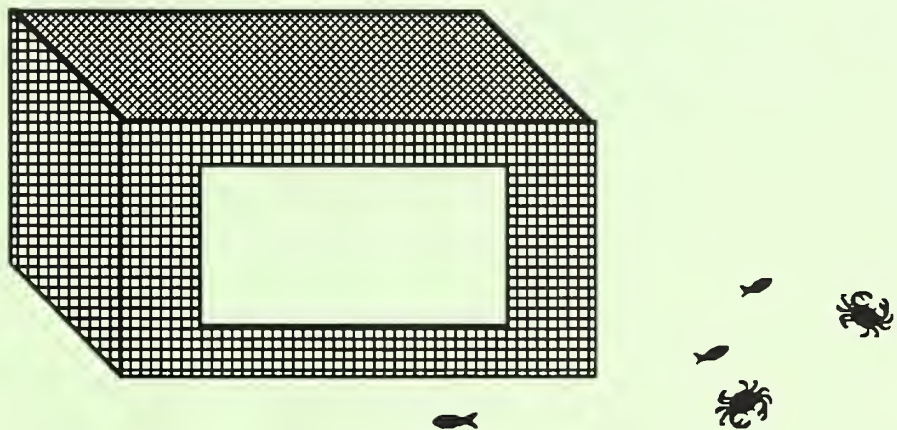
-  = HIV Antibodies
-  = Pregnancy Antibodies
-  = Other Retroviruses




WESTERN BLOT TEST

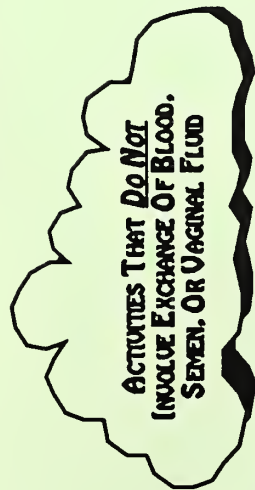


-  = HIV Antibodies
 -  = Pregnancy Antibodies
 -  = Other Retroviruses
-

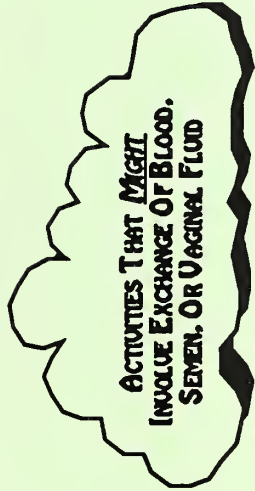
WESTERN BLOT TEST (False Negative)



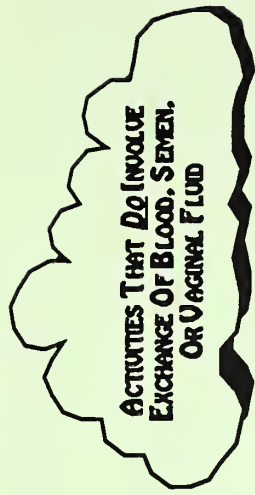
-  = HIV Antibodies
-  = Pregnancy Antibodies
-  = Other Retroviruses



ACTIVITIES THAT **Do NOT**
INVOLVE EXCHANGE OF BLOOD,
SEMEN, OR VAGINAL FLUID



ACTIVITIES THAT **MIGHT**
INVOLVE EXCHANGE OF BLOOD,
SEMEN, OR VAGINAL FLUID



ACTIVITIES THAT **Do INVOLVE**
EXCHANGE OF BLOOD, SEMEN,
OR VAGINAL FLUID

HIV RISK CONTINUUM

Lowest Risk

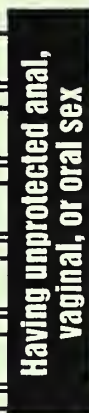
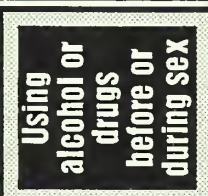
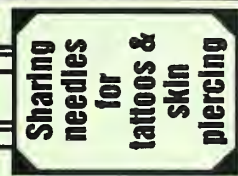
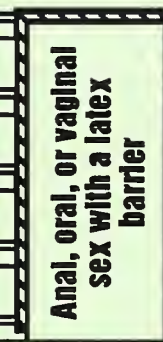


Touching & hugging

KISSING



Highest Risk



HIV Transmission Routes



INJECTIONS



SEXUAL CONTACT







PRE-NATAL OR NEO-NATAL



RECEIPT OF BLOOD OR BLOOD PRODUCTS

Summary of HIV Prevention and Risk Reduction

ROUTE	PREVENTION	RISK REDUCTION
 Injection	Don't share illegal drugs Don't share "equipment"	Clean equipment with bleach & water
 Sexual Contact	Abstain Massage or intercourse Practice mutual monogamy with an uninfected partner	Use barriers, such as latex condoms, dental dams, plastic wrap, and latex gloves
 Pre-Natal & Neo-Natal	Test for HIV-antibodies prior to conception and avoid pregnancy if HIV-positive Don't breastfeed if you are HIV-antibody positive	Seek specialized medical treatment to explore medication options
 Receipt of Blood	Donate your own blood prior to elective surgery	Practice "Universal Precautions"

How HIV is NOT Transmitted

1

SHAKING HANDS



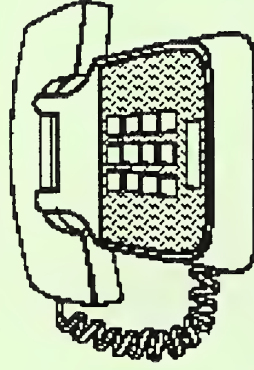
5



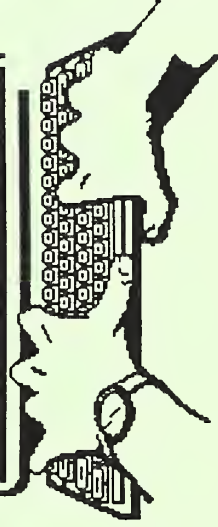
TOILET SEATS

2

TELEPHONE



4



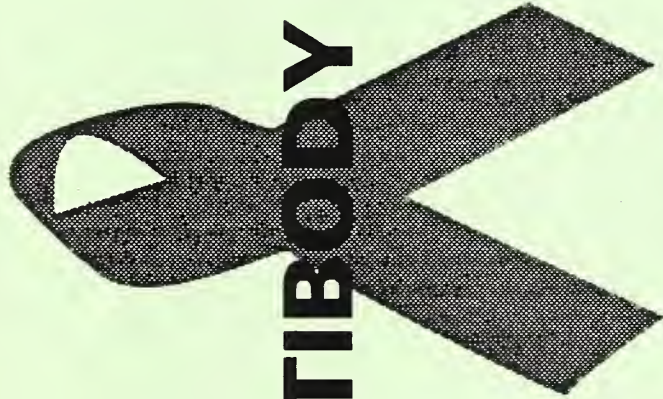
SHARING
COMPUTERS

3

TALKING WITH
CO-WORKERS



HIV-ANTIBODY TESTING

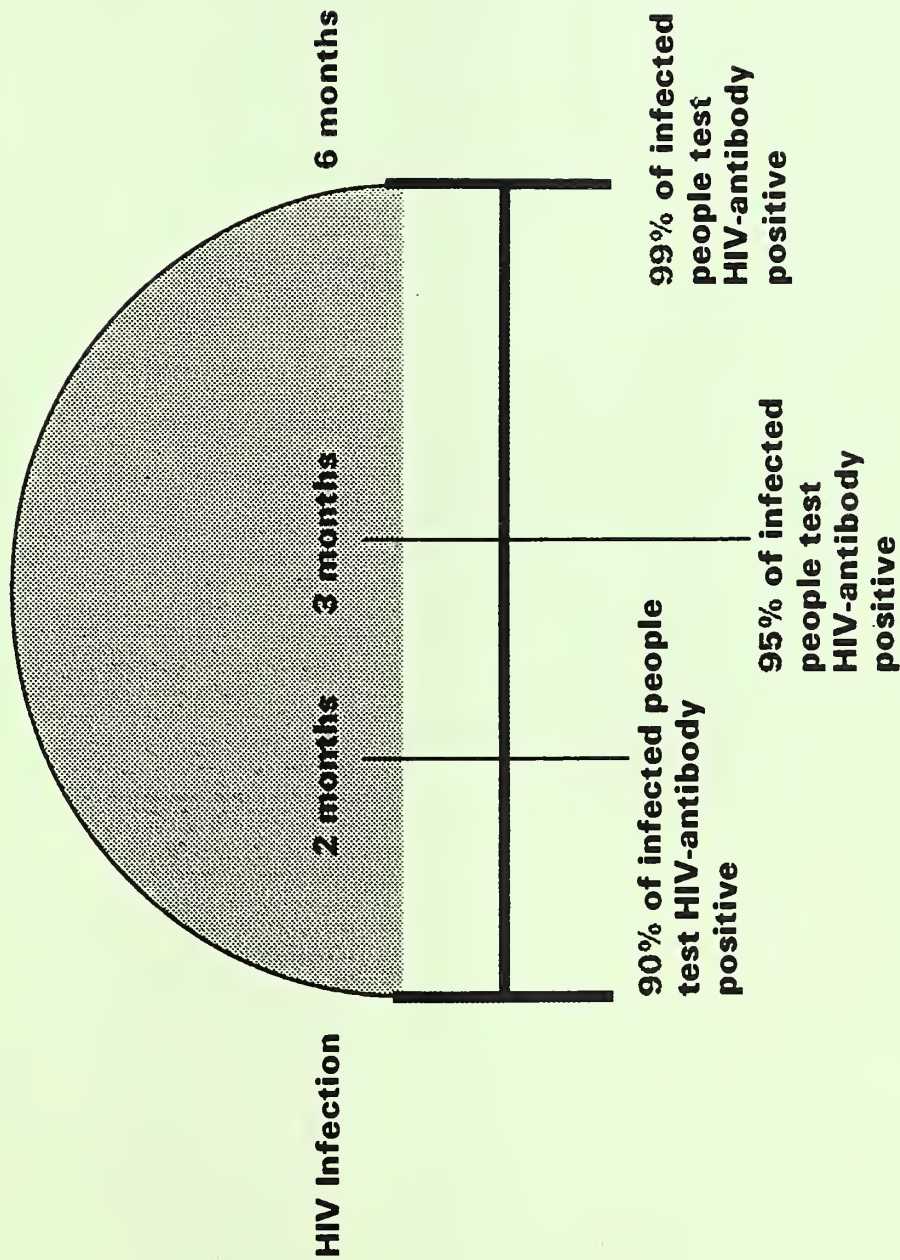


Common Questions About HIV-Antibody Testing

Is it true that there is a blood test to show if I've been infected with the AIDS virus?

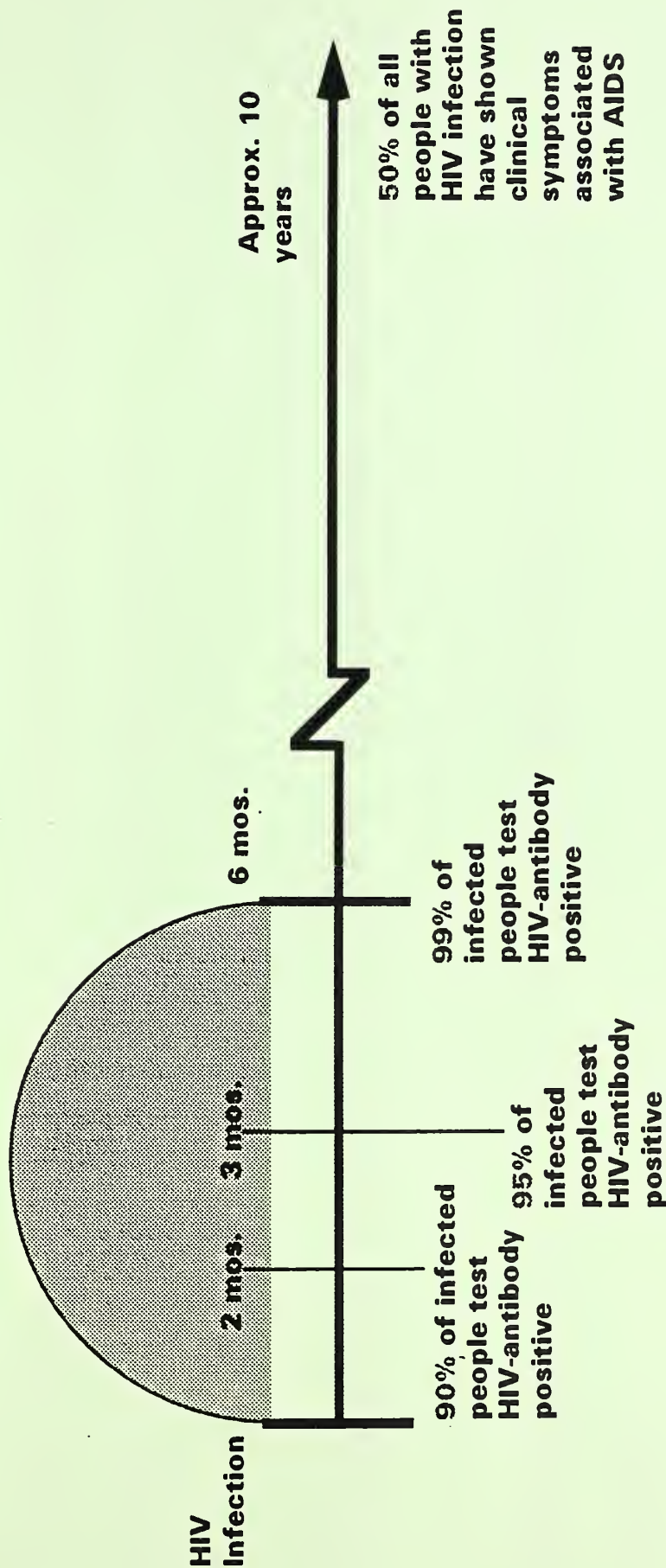
Is this a reliable way to find out if I've been infected with HIV and does it tell me if I have AIDS?

"The Window Period"



The Progression of HIV Disease

"The Window Period"



More Common Questions About HIV-Antibody Testing

Can the test ever indicate that I have been infected even if I haven't?

Should I take the HIV-antibody test?

Where can I go to get an HIV-antibody test?

The History of the HIV Epidemic and HIV/AIDS 101/201

THE HISTORY OF THE HIV EPIDEMIC

Visual 1.1, *Diagnosed AIDS Cases by Year*, illustrates that in the beginning of the epidemic, in 1981, there were 314 reported AIDS cases in the United States and that by the end of 1992 there were 253,448 reported cases and by the end of 1993 there were 361,164. We present the 1993 revised AIDS case definition in a moment, which will increase the number of reported AIDS cases by approximately 50% in each of the primary transmission categories.

Visual 1.2 depicts *Distribution of Adult AIDS Cases by Method of HIV Transmission*, including the following transmission categories by percentage of adult cases:

- Men who have sex with men only, 57%
- Injecting drug use only (not including men who have sex with men), 23%
- Men who have sex with men and inject drugs, 6%
- Male-female sexual contact, 7%
- Other multiple risk (including receipt of donor blood products and other undetermined behaviors), 7%.

It is sexual and drug use activities that transmit the virus without regard to gender and that sharing infected body fluids, not sexual orientation or identification with any group, leads to transmission. For this reason, we avoid referring to “high risk groups.” The last category, *undetermined behaviors*, refers to either to cases by transfusion, cases in which the risk behaviors have not been identified, or cases in which the information was not available, and not to other mysterious behaviors or casual contact. There are *no* cases of HIV transmission through means other than shared blood, semen, vaginal secretions, or breast milk, and a scant few through donated infected organs, which will be presented in more detail in a moment when we cover methods of transmission of HIV.

HIV/AIDS Awareness Issues

In this section, the following topics are covered:

- Definition of HIV
- The Components of the Immune System
- HIV Transmission Methods
 - Transmission through Sexual Contact
 - Transmission through Drug Use Behaviors and Other Blood Sharing Activities
 - Perinatal Transmission and Transmission through Breast Milk
 - Transmission through Blood Transfusion or Receipt of Clotting Factors

- HIV Spectrum of Infection
- Definition of AIDS
- AIDS Case Definition, Including 1993 Additions
- Co-Factors in Disease Progression.

Definition of HIV

The definition of HIV, the virus that causes AIDS, includes:

- *Human*. HIV infects only humans, as opposed to similar viruses, which affect other species, such as *SIV—simian immunodeficiency virus*—in primates or a form of feline leukemia in cats
- *Immunodeficiency*, meaning that the virus causes the body's defense department, which is charged with warding off or fighting off foreign invaders, to become weakened and less able to defend the host against subsequent invaders
- *Virus*, an infective agent or foreign invader, which in the case of HIV is attracted to and affects the body's immune system.

The Components of the Immune System

Because HIV, as its name implies, affects the human immune system, some knowledge about immunology is needed to understand more fully the virus and the disease.

Basic Immunology

Infectious Diseases

Our bodies harbor, and are constantly surrounded by, numerous tiny living organisms, most of which are harmless; some are even beneficial to humans. A few, however, cause disease if they invade our bodies.

These disease-causing bacteria or viruses are "infectious," meaning they can be transmitted from one person to another in various ways, including through skin contact, contaminated food or other products, airborne particles, animal or insect bites, or sexual contact. Different bacteria and viruses have different modes of transmission.

Viruses

Viruses live and reproduce within living cells. They are made up of a protein coat—or envelope—over a string of genes. Each type of virus is keyed to receptors on the surfaces of different types of cells. Only certain human body cells are susceptible to specific viral invaders. Some types of flu viruses, for example, seek out cells in the gastrointestinal tract, while cold viruses attack upper respiratory cells. Viruses are responsible for many very common ailments, including mumps, measles, chicken pox, shingles, herpes, mononucleosis, colds/flu, meningitis, and hepatitis.

Because viruses invade living cells to reproduce themselves, it is difficult to kill them with medications without also harming the cells where they have hidden. Treatment for viral infection has, until very recently, usually been limited to remedies for symptoms or complications. New "antivirals" are now in clinical trials or on the market in limited distribution.

The Body's Defense Systems

The human body has a variety of mechanisms to protect itself against foreign invaders—also called "antigens."

- The skin is a primary defense, and the sweat glands that bathe it also contain some antiseptic properties.
- Most natural body openings also contain defenses—germ-fighting or germ-repelling substances in tears, saliva, and mucous membranes.
- Other body parts, such as the tonsils, lymph nodes, liver, and stomach, trap and attack or filter out undesirable foreign matter.
- The body's lymph system also contains white blood cells that can identify, attack, and destroy or neutralize invading organisms.

The Normal Immune Response

The major actors in the body's internal defense network are two types of white blood lymphocytes and some other derivatives of cells that originate in bone marrow.

- **MACROPHAGES** are scavenger cells that sometimes assist the defense system by engulfing invading viruses, breaking down their protein coats, and displaying their properties, thus helping other defense troops to recognize the invader. In the "Army Analogy," the macrophage is the scout, sentry, or lookout, who seeks out and identifies, or "unmasks," the invader and notifies the T-4 cells, or generals.
- **B-CELLS** also recognize infectious viruses when they first enter the body, while they are in a "free" state before they invade other body cells. When called into action, B-cells multiply and divide into two subtypes. The B-plasma, or "foot soldier" cells, secrete specifically-manufactured protein *Antibodies* (or weapons) that bind to the recognized foreign protein or

sugar molecules (antigens) and inactivate them. They also produce another form of themselves—*B-Memory Cells*—that live longer and are the source of further immunity to any recurring attack by the same antigen. B-memory cells form the body's computer, or data corps that will recognize the invader in the future.

- *T-4 HELPER/INDUCER CELLS* are the essential commanders, or generals, of the defense system, directing the action of other T-cells and the B-cells. Their collaboration is vital to the whole immune system because they interact with and regulate the immune response by manufacturing and releasing chemical messengers. Once the general of the army has been kidnapped (as by HIV), opportunistic invaders such as pneumocystis carinii pneumonia can find a hospitable environment in which to proliferate, as the T-4 cells would be unable to call out the B-plasma cells, or foot soldiers.
- *T-8 CYTOTOXIC ("Killer") CELLS*, known as the "cleanup crew/bugle corps," when called into action by the T-4 cells, actively destroy cells that have been invaded or mutated. Later, when the T-cells determine that it is safe to do so, the T-8 suppressor cells are summoned to shut down the attack response.

The Normal Immune Reaction to Viruses

In a normal immune response to a viral invasion:

- Viruses enter the body.
- Macrophages recognize the invaders and move in to immobilize them, break them down, and display their protein properties.
- Macrophages send signals to the T-cells that can set the second line of defense into motion.
- The T-cells multiply and divide into two types: T-4s and T-8s. The T-4 cells then collaborate with the B-cells that have also recognized antigens. The T-4 cells stimulate the B-cells to mature into plasma cells that secrete antibodies for inactivating the invading antigens and memory cells that will recognize the invader in the future.
- The T-4 cells also send in the T-8 cells to kill off all the infected cells that display viral antigen and then turn off the defense system when the battle is over.

Special Characteristics of HIV

HIV combines a number of special characteristics that make it a particularly formidable invader, frustrating attempts to develop effective vaccines and/or postinfection treatments. Advances are being made in both areas.

Affinity for Key Immune System Cells

HIV, like all viruses, is a parasite that seeks out particular cells in the body for invasion in order to reproduce itself. Unfortunately, the special targets of HIV are the macrophages, the T-4 cells (or generals, which are "kidnapped" and "brainwashed" as they replicate as infected HIV cells) and, to a less critical extent, B-cells and certain brain cells.

As a result, a number of functional defects occur in the immune response. The macrophages and T-4 cells are not as responsive to subsequent invading antigens and decrease production of the vital chemical messengers that direct other lymphocyte and selected cellular activity. The B-cells are more spontaneously active but produce fewer specific antibodies and lose their responsiveness to ordinary signals; and the killer cells are less effective. The immune system is thus disrupted.

One early identified result of this disruption is the ineffectiveness of HIV-specific antibodies. The reasons for the failure of this mainline defense in the instance of HIV infection are still under investigation. One of the prevailing theories suggests that the affinity between the chemical code on the HIV envelope and the receptor site on T-4 cells is so strong that envelope antibodies are simply not equal to the task.

Of increasingly recognized importance is HIV's effect on macrophages, which apparently perverts these cell's scavenger role. That is, after identifying an engulfing HIV in the typical fashion, the macrophages fail to perform their function of breaking down and displaying the virus to alert the rest of the system. Rather, they hold HIV in reservoir, camouflaging its presence from antibodies and other attack cells, transporting it intact around the body (including across the blood-brain barrier), and secreting HIV-directed chemicals that are destructive to other cells.

HIV also causes considerable system-wide damage by targeting T-4 cells. Even if it does not attack T-4 cells directly to any great extent, HIV's activity eventually causes T-4 cells to clump together and die. As this happens, the ratio of T-4s to T-8s changes. In healthy people, the number of T-4 cells is greater than the number of T-8 cells, but this reverses in HIV-infected persons. It is this dramatic imbalance that is believed to lay the immune system open to devastation by the legion of otherwise manageable opportunistic infections and cancers.

Permanent Installation

HIV is a retrovirus, that, once it sheds its protein coat inside the T-cell, uses a reverse transcriptase enzyme to translate its own genetic program (RNA—ribonucleic acid) into the T-4 cell's DNA (deoxyribonucleic acid). It is then permanently incorporated into human genetic material and can begin reproducing viral RNA and proteins to form new viral particles that are released by "budding" through the invaded cell's membrane (as in T-4 cells) or within the cell (as in macrophages).

Long, Uncertain Incubation

HIV has been classified as a member of the lentivirus subgroup of retroviruses, which has a number of implications for the development of symptomatic disease. Following initial viremia (established infection in the blood) and acute (often unnoticed) onset symptoms, this group of viruses has a very long latency period, and HIV can apparently remain dormant for years—or even for life. *An HIV-infected "carrier" may appear completely healthy but, at the same time, is most likely infectious, or capable of spreading the virus to other persons through sexual activity and by certain drug practices.*

In fact, an HIV-infected person may be only intermittently infectious—shedding the virus—while the virus is in the latent state. Recent research suggests that the individual is most infectious during the several months just prior to symptom development—precisely when there are no overt "markers" of infection that may have occurred years earlier!

Rapid Reproduction and Destruction Once Activated

HIV carries a special gene—called TAT III, for transactivation—as part of its retrovirus RNA. This gene can adjust the production of new viruses by the infected cell at heretofore unheard of levels, probably 20 times faster than flu virus, and 100 times faster than the invaded cells can reproduce. Scientists think this response may either be released spontaneously or activated by another immune system challenge to the T-4 cells. When activated by this TAT III—or chemical switch—after a period of dormancy, HIV spreads rapidly to infect other T-4 cells in the immune system. This rapid reproductive process destroys the body's main defense system.

The length of the latency period before manifestation of clinical symptoms and the rapidity of disease development may be influenced significantly by the health of the infected carrier. HIV may remain relatively dormant until invaded cells are activated by the invasion of other antigens, which we shall examine below. Each new infection or invasion may debilitate the system and/or cause more viral spread and more "viral load" in the system. A final "last straw" infection may then activate the multiplier genes in the HIV; rapid proliferation of viruses then depletes all—and/or what remains of—the immune system.

Frequent Mutations

HIV's reverse transcriptase enzyme is, relatively speaking, quite inaccurate at translating the viral RNA. As a result, given its rapid reproduction once activated, HIV also mutates rapidly—at a rate estimated to be 100 to 1,000 times greater than flu virus. This mutation can occur both within an infected individual (with as yet unknown implications) and among "pools" of infected persons. At least 100 variants—20 strains—of HIV have been isolated regionally, and a sufficiently different form has established itself in West Africa to warrant dubbing as HIV-2 (recently documented in New Jersey in the AIDS-related death of a West African immigrant). This characteristic, called antigenic drift, confounds serological testing for antibodies, and may help different strains of the virus evade the antibody defense. It defies vaccine development as well, since all of these processes involve detection of a biochemically specific entity.

HIV Transmission Methods

Infection with HIV occurs when *blood, semen, or vaginal secretions* containing the virus enter the body through sexual contact, sharing of blood products, or from mother to unborn child during pregnancy, during the birth process, or through breast milk. Other body fluids, such as saliva, tears, and perspiration contain no HIV or insufficient amounts to enable transmission and that there are no recorded cases of transmission through these fluids.

The following transmission categories will be covered in this section of the unit:

- Transmission through Sexual Contact
- Transmission through Drug Use Behaviors and Other Blood Sharing Activities
- Perinatal Transmission and Transmission through Breast Milk
- Transmission through Blood Transfusion or Receipt of Clotting Factors.

Transmission through Sexual Contact

The sexual behaviors by which HIV may be transmitted include:

- Unprotected anal intercourse with an HIV-infected person
- Unprotected vaginal intercourse with an HIV-infected person
- Unprotected mouth to genital sex with an HIV-infected person
- Any other sexual activity in which semen, vaginal secretions, or blood are shared.

Engaging in these sexual activities can transmit HIV without regard to gender and that exchanging blood, semen, or vaginal secretions, and not sexual orientation or identification with any group, leads to transmission. For this reason, we avoid referring to “high risk groups.” The above activities also enable transmission of other sexually transmitted diseases, many of which are epidemic at the present time, and that unprotected vaginal intercourse permits pregnancy, intended or unintended, as well. Since one can be HIV-infected without exhibiting any symptoms whatsoever, there is no way to avoid infection by only having contact with *known* partners or by limiting the number of sexual partners. For example, a woman having sex with one man whom she does not know is HIV-infected is every bit as much at risk of infection as someone having sex with a variety of partners whose HIV status is unknown.

Transmission through Drug Use Behaviors and Other Blood Sharing Activities

The behaviors through which HIV might be transmitted through drug use or other fluid-sharing behaviors include:

- Injection drug use¹, in which blood is exchanged through shared needles, syringes, cookers, cotton, water, tubing or other injection equipment containing infected blood
- Unprotected sex while under the influence or in blackout, a period of waking amnesia, during which when judgment and perception are impaired
- Other blood sharing behaviors associated with drug use, rituals, or other activities (e.g. skin piercing, tattooing).

Perinatal Transmission and Transmission through Breast Milk

Since mother and fetus share the mothers' blood supply, the unborn child may be infected *in utero* or during the birth process. It takes from 3 to 18 months for the child's immune system to establish his or her own antibodies and that children who test HIV antibody positive during that period may be reflecting the mothers', so-called *passive antibodies*. For this reason, children in this age group should be periodically tested to ensure that the tests reflect their own, and not their mothers' HIV antibody status. There are recorded cases in which infected mothers have transmitted HIV to their uninfected newborns through breast milk. One such well-known example is HIV/AIDS activist Elizabeth Glaser, head of the Pediatric AIDS Foundation, who received a transfusion with infected blood (prior to 1985) after the birth of her first child. The virus was transmitted to her daughter (who died in 1988) through breast milk and later to her son in utero. Both Ms. Glaser and her son have remained symptom free for a number of years.

Transmission through Transfusion or Receipt of Clotting Factors

Before 1985, the year when tests became universally available to test the nation's blood supply for HIV antibodies in donated and stored blood and blood products, HIV was more commonly transmitted through blood transfusions and through receipt of clotting factors by people with hemophilia. Such clotting factors are now heat treated to destroy the virus. Transmission in the United States through these means is now rare; however, in countries where the blood supply is not universally or routinely screened, such transmission still occurs.

HIV Spectrum of Infection

The so-called *HIV/AIDS pyramid*, presents the following spectrum of infection, beginning at the bottom of the pyramid:

- *At-risk stage*. The period of engaging in one or more of the behaviors mentioned above, sometimes called the "worried well" stage.
- *HIV infection or pre-clinical stage*. Period following acquisition of the virus through any of the above means, whether or not HIV infection status

¹ Note that we no longer use the term *intravenous* drug use. Injection drug use refers to all routes of administration—intravenous, intramuscular, and/or subcutaneous ("skin-popping"). The abbreviation for injection or injecting drug use or user is IDU, which replaces IVDU.

is known. A person in this stage may be symptom-free, often for many years, or may exhibit mild flu-like symptoms around the time of infection, known as Acute Viral Syndrome (AVS) or Acute Retroviral Syndrome (ARS).

- *Symptomatic stage*, during which a variety and spectrum of symptoms might appear, including but not limited to:
 - Unexplained significant weight loss
 - Drenching night sweats
 - Persistent diarrhea
 - Persistent fever
 - Persistent fatigue
 - Movement or memory difficulties
 - Persistent generalized lymphadenopathy [swollen lymph glands] (PGL)
 - Skin rashes
 - Lack of resistance to infection
 - Furry white spots in the mouth (signs of thrush)
 - Recurrent yeast infections (especially vaginal infections in women)
 - Persistent dry cough or shortness of breath
 - Red or purplish spots anywhere on the skin, and throughout the body (signs of Kaposi's sarcoma).

The term *AIDS Related Complex* is no longer in common usage to describe the symptomatic stage. From weeks to months to many years may elapse before the symptomatic stage occurs and there is no way to tell by looking at or inquiring of a person if he or she is infected with HIV. People often recover even from the above symptoms and may feel and look well for many months or years. Progression to symptoms and disease seems to depend on a number of co-factors, which will be covered in a moment after we define AIDS and look at some of the indicator diseases.

It is not yet known whether individuals may remain asymptomatic indefinitely. There are many long-term survivors who trace their points of infection to the late 70s or early 80s. We examine health promoting behaviors in the unit on risk reduction.

- *AIDS Diagnosis*, or *Clinical Stage*, during which certain criteria, which will be presented in a moment, must be met, as follows:

Definition of AIDS

The definition of the term AIDS—*Acquired Immune Deficiency Syndrome* means:

- *Acquired*—one obtains the syndrome through contact with the causal virus, rather than through genetic means

- *Immune Deficiency* —the causal virus hampers the body's ability to ward off or fight off invaders and enables opportunistic infections and diseases to further weaken the immune system
- *Syndrome* —a collection of signs (visible) and symptoms (reportable).

*AIDS Case Definition, Including 1993 Additions**

To qualify for an AIDS diagnosis, a person must meet one or more of the following criteria:

- CD4+ T-lymphocyte count of less than 200/mm*
- AIDS indicator diseases (Drugs or treatments commonly used to combat the diseases appear in parentheses):
 - *Pneumocystis carinii* pneumonia (Pentamidine, trimethoprim-sulfamthoxazole)
 - Recurrent bacterial pneumonia* (trimethoprim-sulfamthoxazole)
 - Candidiasis (yeast infection) of the esophagus, bronchi, or lungs (Nystatin, Amphotericin B)
 - Cryptococcosis, extrapulmonary (Amphotericin B)
 - Cryptosporidiosis with diarrhea persisting more than 1 month
 - Herpes simplex virus infection persisting longer than 1 month; or bronchitis, pneumonitis, or esophagitis for any duration in patients older than 1 month (Acyclovir) /Herpes Varicella-Zoster virus
 - Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia (LIP/PLH complex) affecting a child under 13 years of age
 - *Mycobacterium avium* complex of *M. kansaii* disease, disseminated (at a site other than or in addition to lungs, skin, or cervical or hilar lymph nodes)
 - Kaposi's sarcoma (cancer of the lining of the blood vessels) (Alpha interferon, chemotherapy, radiation, cryotherapy, surgery)
 - Lymphoma of the brain (primary) affecting a patient under 60 years of age
 - Progressive multifocal leukoencephalopathy (PML)
 - Toxoplasmosis of the brain affecting a patient over 1 month of age
 - HIV encephalopathy (also called HIV or AIDS dementia)
 - Non-Hodgkins lymphoma of B-cell or unknown immunologic phenotype
 - Invasive cervical cancer at any age*
 - Disease caused by *M. tuberculosis*, pulmonary* or extrapulmonary (Isoniazid, rifampin)
 - Recurrent salmonella (nontyphoid) septicemia
 - Cytomegalovirus retinitis with loss of vision (ganciclovir)

- Histoplasmosis
- Isoporiasis
- HIV wasting syndrome (emaciation, “slim disease”).

Several drug therapies and protocols exist and/or are undergoing trials that:

- Keep or inhibit the virus from multiplying
- Help to maintain or strengthen the body’s immune system
- Help control the infections that occur because the immune system has been suppressed.

Co-Factors in Disease Progression

Individuals who progress from asymptomatic to symptoms or AIDS seem to exhibit a number of co-factors. Co-factors are diseases, agents, or conditions that place stress on the body’s immune system; thus, when HIV is present, further challenges to the immune system occur. Some researchers believe that such co-factors or other infectious agents must be present for progression to disease to occur. Among the most common co-factors in disease progression are:

- Intercurrent infections, e.g. Epstein-Barr Virus, cytomegalovirus, herpes viruses, hepatitis-B, tuberculosis
- Pre-existing diseases, e.g. cancer, diabetes
- Alcohol and other drug abuse, including nicotine and steroids
- Sexually transmitted diseases, e.g. syphilis, others causing lesions
- Pregnancy/childbirth
- Excessive or unmanageable emotional stress
- Trauma, surgery, accidents
- Poor nutrition
- Poor sanitation
- Lack of adequate health care
- Allergies
- Vaccinations using “live” materials.

BASIC FACTS ABOUT HIV ANTIBODY TESTING

There is no specific test for HIV disease/AIDS. There *are* tests to detect the presence in the blood of antibodies for HIV, the virus that causes HIV disease. The existence of HIV antibodies is the clinically accepted sign that a person has been infected with HIV and, in time, could develop symptoms of HIV disease or AIDS. Tests for the HIV antigen (virus) itself and for the DNA in the virus (PCR—polymerase chain reaction) are currently in limited availability. To date, these tests are more expensive than HIV antibody tests.

Two tests are commonly used to detect antibodies to HIV. One, called the ELISA (enzyme-linked immunosorbent assay), is an inexpensive procedure and is the test most widely used. Like all blood tests, it has limitations. The ELISA has been known to yield both "false negative" and "false positive" results. A false positive result occurs when the test indicates the presence of antibodies when, in fact, the person *is not* infected with the virus. This is analogous to a crab trap that is overly sensitive and overinclusive and may trap a fish, a lobster, a shrimp, a crayfish, or other creature and call it a crab.

Conditions that can cause false positive results include: pregnancy, especially in women who have had several children by different fathers; hepatitis-B; and the presence of other retroviruses. A client with a positive ELISA the first time should have a second or third ELISA as soon as possible. Many labs routinely run a second ELISA if the first is reactive. If either of these ELISA tests is positive, the client's antibody status should be confirmed with a Western Blot test. The same blood sample may be used for both tests.

A false negative result occurs when the test indicates *no* antibodies to HIV when, in reality, the person actually *is* infected. This primarily happens if the test is given in the early weeks after infection, because it generally takes two weeks to six months or more for antibodies to the virus to show up. For these reasons, a client who tests negative on the first ELISA should be retested about six months later.

The Western Blot is more expensive than the ELISA and can only be conducted by specially trained technicians; this test is specific to HIV antibodies and is less likely to produce false positive results. False negative test results may occur on the Western Blot test, as it may be underinclusive. This is analogous to a crab trap that will catch only some crabs, but may allow others to escape. Positive results on the ELISA test (especially when a second test is run on the same blood sample) and on the Western Blot test are said to confirm the presence of HIV antibodies. The combination of two positive ELISA tests and a positive Western Blot test is thought to be more than 99% indicative of the presence of HIV.

An *indeterminate* result occurs where there is some reaction to the test but not sufficient reaction to warrant a positive result. This result could occur because the person is infected but has not developed sufficient antibodies to register a positive result, or because other proteins or antibodies have been detected. Repeat testing is advisable when there is an indeterminate or inconclusive test. A client will need a great deal of support and encouragement during the retesting and waiting process.

THE MEANING OF HIV TEST RESULTS

It is important that clients understand the meaning of their test results. A confirmed negative test means the client *probably* has not been infected with HIV. However, it may also mean that there has been insufficient time for antibodies to the virus to develop. Even before antibodies are detectable, an infected person may infect others if proper precautions are not taken. A *confirmed* positive test means the client has been infected with HIV and has already developed viral antibodies. It does not tell when or how infection took place, nor does it mean the client has AIDS. *Most importantly, a positive test means that the client is "infectious," or capable of spreading the disease to others.* Many clients will interpret their test results to mean they have AIDS and will need help understanding the difference between infection and disease.

A negative test result indicates that the client:

- Is *not* infected, or
- Is infected, but the antibodies to the virus are not yet present.

A positive test result indicates that the client:

- Has been infected with HIV and can spread the virus to others
- May not now have nor ever develop symptoms of HIV disease or AIDS especially if he or she maintains a healthier lifestyle and follows risk reduction precautions
- Should seek medical advice on the status of his or her immune system
- Should know and be alert for any HIV disease-related symptoms and seek medical attention for them
- Should refrain from donating blood, sperm, body organs, or tissue
- Should receive thorough counseling about revealing test results to past and current sexual partners, drug using partners, health care professionals, and appropriate others.

NOTE: A positive test presumes that the person is infected and infectious. A negative test could mean that there has been insufficient time for the virus to develop antibodies.

REASONS FOR AND AGAINST TESTING

There are many reasons why an individual client might or might not choose to be tested.

Among the reasons for testing are:

- Relief of anxiety—a "need to know"
- Motivation for behavioral change
- Contemplation of fidelity, marriage, or pregnancy
- Desire to be aware of possible risk to fetus (if client is pregnant)
- Private right to health information
- Protection for sexual partners and friends
- Experimental or routine medical treatment for HIV-infected individuals.

On the other hand, reasons against testing might include:

- Abuse of test results
- Behavioral change possible without testing
- Confidentiality may not be guaranteed
- Discrimination
- Risk of adverse client reaction
- Knowledge of HIV status, whether positive or negative, might be barrier to behavior change
- Not knowing status may provide hope and may therefore promote behavior change.

IMPORTANT NOTES

Trainer's Handbook

HIV/AIDS in the Federal Workplace

Trainer's Handbook

Introduction

This handbook is designed to assist you in planning and conducting training using the materials contained in this manual. The handbook details the following elements to help you understand curriculum design and gain training competencies:

- ☐ Introduction
- ☐ Manual Design
- ☐ Adult Learning Theory and Prevention Education Theory
- ☐ Assessing Personal Presentation Style
- ☐ Needs Assessment
- ☐ Selecting Presentations
- ☐ Setting the Stage
- ☐ Establishing Groundrules
- ☐ Audience Assessment
- ☐ Building Effective Trainer Communication Techniques
- ☐ Managing the Process
- ☐ Supportive Training Skills
- ☐ Preventing and/or Resolving Conflict
- ☐ Time Management
- ☐ Managing Transitions
- ☐ Giving and Receiving Feedback
- ☐ The Teachback Process
- ☐ Tips on Logistics for Training Events.

A number of resources are included to assist you further in planning and delivering training for staff and clients. These resources are listed on page R-1, following page TH-15.

Manual Design

As described in the introduction, this manual contains the following sections, designed to be easy to use and accessible to you as you present HIV/AIDS in the Federal Workplace training courses for employees and managers:

- ✓ Introduction
- ✓ Table of Contents

- ✓ This Trainer's Handbook
 - Text
 - Resources
- ✓ Curriculum for Employees' Training and Overhead Transparencies
- ✓ Curriculum for Managers' Training and Overhead Transparencies
- ✓ Train-the-Trainer Exercises and Resources
 - Agenda for the Train-the-Trainers Event (by time zone)
 - HIV/AIDS Facts Activity
 - Values Clarification Activity
 - Facilitation and Presentation Tips
 - Teachback Explanation
 - Sample Feedback Form
 - Certification Process Explanation
- ✓ Resources

Adult Learning Theory and Prevention Education Theory

Adult Learning Theory

Sustained learning is best accomplished by a blend of knowledge acquisition; examination and clarification of values, attitudes, beliefs, and practices; and acquisition of and opportunities to apply new skills and behaviors.

The Domains of Learning

Educators have learned, likewise, that adults, and certainly most children, learn best by experiencing a blend of activities that promote the three domains of learning:

- ❖ Cognitive (knowledge)
- ❖ Affective (attitudes, values, beliefs, practices)
- ❖ Behavioral (skills).

Examples of the kinds of activities in the staff and client managers' training curricula that fall into each of the three domains include:

COGNITIVE	AFFECTIVE	BEHAVIORAL
Lectures	Video and discussion	Risk assessment
Brainstorms	Case scenarios	Case studies
Discussions		Teachback

Take some time to review the curriculum before preparing to present to become more familiar with the kinds of activities that promote the three domains of learning.

Learning Styles

While we all learn in a variety of learning styles, we each tend to employ a primary style:

- ❖ *Visual*—learning by looking, seeing, viewing, watching
- ❖ *Auditory*—learning by listening, hearing
- ❖ *Kinesthetic, tactile*—learning by touch, feel, learning by doing.

Some methods used in the curricula to appeal to each style of learning:

VISUAL	AUDITORY	KINESTHETIC
Transparencies	Lectures	Case studies
Newsprint	Group discussions	Simulations
Reading texts	Conversations	Practice demonstrations
Demonstrations	Case scenarios	Writing, notetaking

Prevention Education Theory

Three levels of HIV/AIDS prevention education are:

- ❖ *Primary*—to ensure that noninfected people do not become infected and thereby reduce incidence of new infections in the population
- ❖ *Secondary*—to identify and assess individuals with HIV infection at early stages to reduce or eliminate transmission to others and slow progression to symptoms or AIDS
- ❖ *Tertiary*—to provide health support and ongoing mental health services to people with AIDS, their significant others, and support services in order

to prevent deterioration from disease and to promote the notion of *living* with AIDS.

At USDA, the workplace training initiative focuses on primary prevention. Some educational activities that might promote the three levels of prevention education in your workgroup or community include:

Primary

- ❖ Providing talks, seminars, workshops to colleagues, and professional and community groups
- ❖ Attending meetings of HIV/AIDS workgroups, special emphasis programs, community groups, service organizations
- ❖ Participating in local school classes, teacher seminars, training
- ❖ Training community leaders, health educators, school personnel, etc.
- ❖ Leafleting and community outreach

Secondary

- ❖ Volunteering to conduct client/patient education sessions at clinics and other places frequented by people at risk for or infected with HIV
- ❖ Street and community outreach and brief risk assessment
- ❖ Training peer educators from among targeted groups (e.g., female sexual partners of injection drug users, adolescents)
- ❖ Education sessions and support groups with people living with HIV infection.

Tertiary

- ❖ Support groups for PWAs, family members, support providers
- ❖ Hospital visits
- ❖ Home visits
- ❖ Patient education sessions at clinics, hospitals, etc.

Assessing Personal Presentation Style

While many presenters are comfortable leading a variety of training activities, we each tend to prefer either more or less formal portions of a curriculum. For example, more formal trainers often choose lectures, discussions, and more didactic portions to present. They may prefer to stand behind a lectern or trainer's table. Trainers who fall midway between formal and informal usually like to lead brainstorm, group discussions, facilitate small group consensus seeking activities, etc. Informal trainers usually prefer to lead role-plays, values clarification activities, sociodramas, psychodramas, and other activities calling for dramatic flair, humor, levity, etc.

An assessment of personal style is essential in planning activities to present. If you have the luxury of a cotrainer or more than one cotrainer, blending your training style preferences with their styles will enrich the training experience for participants and trainers alike. If you are working alone, you can learn to adopt a variety of training styles to suit specific activities.

Exercise

Think of your primary training style in relation to the following continuum:

Clown→Entertainer→Actor→Preacher→Salesman→Counselor→Manager→Listener→
Facilitator→Teacher→Lecturer→Professor

Then think about what kinds of styles would compliment your primary style in your co-presenter(s), or which styles you may have to adopt if you are presenting alone. Which portions of the curricula would require your range of styles? Which portions would you find easiest? Most difficult? As you read through the curricula in preparing your presentations, keep these style questions in mind.

Needs Assessment

Pretraining needs assessment is an essential part of planning and preparing any educational or training program. Needs assessment should inquire minimally into the following areas:

- ❖ Participants' expectations and requirements for the event, including:
 - Time requirements and constraints
 - Location, facilities and equipment needs
 - Projected goals and objectives, e. g. desired outcomes, both short- and long-term
 - Projected target audiences to receive training
 - Proposed evaluation measures
- ❖ Training audience, including:
 - Job functions and responsibilities of participants
 - Participants personal and professional expectations and learning objectives
 - Ways in which participants hope to incorporate learning into job functions and responsibilities
 - Participants current knowledge of and attitudes regarding the training topic(s), which may be accomplished through preassessment interviews and pre- and posttesting
 - Similarities and diversity of professional and education backgrounds and experience

- Cultural, ethnic, and language make-up of the training audience
- ❖ Target population, including current HIV/AIDS environment
- ❖ Community assessment, including existing resources and gaps
- ❖ Others?

Selecting Presentations

If you are working with copresenters, make sure to take time to confer with each other and to decide which portions of the curriculum you each would like to present. While the course content should be included in the presentations, think of new, novel ways of adapting it to your program needs and target audience, for example, more visual methods for people of limited or no reading ability, or those with limited English proficiency.

Select portions of the training that appeal to your particular learning and presentation style, and if working in pairs, choose partners who will compliment your style and preferences.

Setting the Stage

It is critical to remember the importance of creating and maintaining, or modeling, an effective training team. For training to be effective, the team must function as a unit, whether presentations are made solo or in pairs. The training audience will sense trainers' commitment, enthusiasm, preparedness, and blending of styles, which creates a holistic training package.

Some rules for building an effective training team include:

- ❖ Remaining in the room throughout cotrainers' presentations
- ❖ Offering to write on the newsprint, post newsprint sheets, place overheads, observe or manage small group interactions, role-plays, and other activities
- ❖ Asking and arranging in advance cotrainers' preferences regarding making interjections, correcting misstatements, and other interventions
- ❖ Utilizing respective talents, such as preparing newsprint, playing music, participating in trainer demonstrations, role-plays, and other activities
- ❖ Attending to disruptive or upset participants during cotrainers' presentations.

Establishing Groundrules

Establish clear groundrules with respect to, but not limited to, the following items to enable smooth flow of the training:

- ❖ Timing, i.e., the need to be on time, to remain for the entire training, to notify trainers of emergencies

- ❖ Respect for others' opinions, values, concerns, avoiding debate
- ❖ Guidelines and handling of self-disclosure in an educational setting
- ❖ The right to pass on any exercise
- ❖ Agreement to fully participate, etc.

Audience Assessment

Studying the participant list in advance, conducting pretraining assessment, and listening and watching carefully during the introductions will enable you to better meet the needs of the group. Some things to listen for include:

- ❖ Variety of job titles, sites, programs represented, modalities, and locations
- ❖ Similarities and diversity of professional experiences, interests, and educational backgrounds
- ❖ Cultural, ethnic, and racial composition of the group
- ❖ Language preferences and potential barriers.

Creating a Learning Environment

Attention to the physical learning environment is critical for successful participant openness and receptivity. For example, a training space full of visual and or auditory distractions, or with poor acoustics, lighting, temperature control, and ventilation can impede the learning process. Eliminate such impediments wherever possible. Some things to which trainers should be especially attentive include:

- ❖ Arrangement of seating, tables, overhead projector, VCR and monitor or other equipment
- ❖ Participants' access to audio-visual materials and to each other
- ❖ Access to temperature controls
- ❖ Adequate room for spreading out manuals, worksheets, and other materials
- ❖ Preparation and position of easels and newsprint, taped sheets, overhead visuals
- ❖ Arrangement of all needed materials in sequential, orderly, accessible fashion.

It is important for presenters to assess various positions in which trainees will be seated or grouped to ensure that there are no obstructions, such as the arm on the overhead projector, poles, others' heads, etc. The seating plan should allow for maximum communication among participants and trainers. For some examples of room set-up choices, see pages R-6 and 7.

Establishing Expectations

At USDA, the employee training begins with the question, “Why are we talking about AIDS?” The purpose of this introductory question is to break down any potential resistance from participants. As a trainer, you should assume that some participants will be uncomfortable with or very far removed from the reality of HIV/AIDS. In general, it is important to provide opportunities early on for participants to express their expectations, hopes, and wishes for the training experience. In the interest of time, responses to the question should be kept brief and to the point. Participants are more tuned into a program when they can see that the trainers are genuinely interested in their issues, opinions, and concerns. Be sure to state which expectations you will not be able to meet during the training program. An example of an unrealistic expectation might involve a detailed discussion bloodborne pathogens or the intricate workings of the immune system.

Building Effective Trainer Communication Techniques

Think about the exercise on Assessing Personal Presentation Styles and remember the importance of trainers being aware of and comfortable with their own presentation and communication styles. You can employ a variety of communication styles to appeal to the various learning needs of the participants.

Communication Skills

Trainers need to rely on a variety of well-developed communication skills, which include:

- ❖ Verbal skills
- ❖ Nonverbal skills
- ❖ Listening skills.

It is important to use effective body language, i.e. eye contact, facial expression, voice tone and modulation, hand/shoulder gestures, body positioning, stance, gait, and pacing to build a bond with the audience. Remember the equal importance of accurately reading and interpreting participants’ nonverbal cues and adjust your presentation style accordingly.

Keep in mind the importance of demonstrating and modeling active listening skills such as paraphrasing, summarizing, linking statements, giving full attention, and avoiding trigger words and hasty evaluations. The importance of these skills in interactive exercises and discussions cannot be overstated.

Practice will assist you in avoiding some common verbal roadblocks:

- ❖ Fillers, such as um, okay, needless to say, basically, ah
- ❖ Weakening phrases, such as “a little exercise,” or redundant phrases, such as “a proven fact”
- ❖ Generalizations, such as, “all adolescents,” “infected people always...”

- ❖ Negatives, or “don’ts,” which can be replaced by positive statements, such as “avoid unprotected intercourse.”

Some of the communication trainers can employ are:

- ❖ Attentiveness
- ❖ Paraphrasing
- ❖ Summarizing
- ❖ Reflecting feelings
- ❖ Interpreting
- ❖ Probing
- ❖ Cautiously adding carefully-thought-out personal examples.

Managing the Process

Stages of Group Growth

Every group has a life of its own that parallels the human development cycle, including:

- ❖ Infancy

During this phase, mutual knowledge and trust is lacking. Participants are often reluctant to take risks, disclose personal values and attitudes, or offer contributions for fear that their comments might be poorly received or misinterpreted. Rules are clarified and participants begin to take small steps toward free and independent expression. This phase is often referred to as the *forming* stage.

- ❖ Adolescence

During this phase, groups may “test the waters” by becoming rebellious, with participants jockeying for position and leadership, and by questioning the authority of the trainer. Pairing or cliques may occur during this phase, often called the *storming* stage.

- ❖ Adulthood

During this phase, constructive relationships are formed, and small and large groups begin working and bonding. This phase often incorporates the *norming* and *performing* stages.

- ❖ Transition

This phase occurs near or at the end of the program, when separation is imminent. In mature working groups, this stage may be characterized by differences being settled, positions clarified, and expectations met. Many groups briefly revisit their adolescent phase as anxiety about separation and return to the workplace becomes reality. This phase is often referred to as *mourning*, *transforming*, or *unforming*.

Supportive Training Skills

Using active listening and other communication skills is important at each stage of group development. Adjust your sequencing and pacing to correspond to the training phase of the group. For training objectives to be met, group cohesion is essential, which involves the following supportive training skills:

- ❖ Establishing rapport
 - Projecting warmth
 - Listening actively
 - Reading between lines
 - Paraphrasing
 - Empathizing
 - Encouraging
- ❖ Building trust and confidence
 - Showing genuine interest
 - Empathizing with others' views
 - Sharing control by agreeing on groundrules and expectations
 - Encouraging openness by being open
- ❖ Establishing credibility
 - Displaying knowledge and experience
 - Calling upon experts in the audience

Some additional supportive techniques include:

- ❖ Learning and addressing participants by name and remembering and acknowledging earlier comments and contributions
- ❖ Validating and affirming participants' relevant comments, observations, and interventions
- ❖ Linking participants' statements
- ❖ Acknowledging participants' experience and expertise
- ❖ Establishing clear boundaries
- ❖ Being available to address individual and group concerns
- ❖ Tailoring the program to incorporate participants' ideas and concerns.

Preventing and/or Resolving Conflict

Most groups will experience some conflict as a natural part of their life cycles. Effective trainer handling of group conflict is essential. Groups often experience the following types of group conflict:

- ❖ Leadership struggles
- ❖ Factions
- ❖ Ideological struggles, e.g., “AIDS training doesn’t belong in the workplace,” “talking about the ways HIV is transmitted is contrary to my religious beliefs,” etc.

Sometimes individuals will present challenges, such as:

- ❖ The know-it-all (Recites esoteric facts, demands more indepth discussion or exploration than the curriculum allows.)
- ❖ The would-be trainer (“I know this material better than s/he does!”)
- ❖ The bulldozer (“My way or no way!”)
- ❖ The inappropriate self-discloser
- ❖ The mule (stuck on a position or point of view)
- ❖ The windbag (speaks on every subject)
- ❖ The ostrich (“HIV/AIDS isn’t a problem in our Agency.”)
- ❖ The partisan (takes an intransigent point of view on controversial issues, such as needle distribution, condom distribution in schools, etc.)
- ❖ The time hogger (monopolizes trainers during session, on breaks, after adjournment, etc.)
- ❖ The heckler (expresses disbelief, disgust, or scoffs at content and processes)
- ❖ The moralist (“People who are HIV infected through sex or drug use deserve what they get!”)
- ❖ The saboteur (tries to derail the training at every opportunity)
- ❖ The obstructionist (inserts superfluous content, dialogue, and/or refuses to move on when trainer indicates the need to do so).

Some examples of successful interventions might include:

- ❖ Speaking with the individual privately
- ❖ Asking the group for prearranged agreements for notifying such persons and reminding the group periodically
- ❖ Reframing intrusiveness into interest and acknowledging it in a positive way
- ❖ Summarizing and moving on

- ❖ Stating “Let’s hear from some folks who haven’t had a chance to speak on this topic”
- ❖ Diffusing the interferer by enrolling him or her as an expert and calling on him or her only at specified times.

Participants will demonstrate some of these behaviors during the teachback to give presenters practice at handling them.

Time Management

In training, lagging behind time is often the rule as participants begin to participate actively in the process. Cotrainers should develop, look for, and follow time signals and remind participants of the need to move on. An I.G.A.T.I. (I’ll Get Around To It) chart, sometimes referred to as a “parking lot,” can prove helpful in listing items of unfinished business or that need to be revisited or handled. Trainers should model and demonstrate starting on time and adhering to agreed upon time frames for breaks, lunch, and adjournment, regardless of the number of participants present.

Managing Transitions

Each session of a training program represents a discrete part of the whole package. Each session should build upon previous ones and bridge to succeeding units or modules. Each session should generally include:

- ❖ Purpose and learning objectives
- ❖ The information or groundwork
- ❖ Identification of necessary skills to impart the content
- ❖ Practice in content and skills.

This underscores the importance of presenters becoming thoroughly familiar with the entire training program so that earlier and later units may be referred to or used as examples.

Giving and Receiving Feedback

Feedback is neither positive or negative; it is a gift. When given, feedback should be:

- ❖ Elicited, not imposed
- ❖ Immediate and well-timed
- ❖ Specific
- ❖ Framed positively
- ❖ Accompanied by suggestions for improvement
- ❖ Descriptive rather than judgmental
- ❖ Behaviorally focused

- ❖ Concerned only with those elements over which the presenter has control, and not over voice quality or other inborn qualities.

Feedback should be received:

- ❖ Without comment or defensiveness
- ❖ With appreciation and thanks
- ❖ Accompanied by requests for further clarification or amplification.

The Teachback Process

Whether you are training or observing, the *teachback* process will be valuable in affording you practice with the content and processes of the employees' and managers' training curricula, in helping you assess your readiness to teach others, and in assisting you in self-assessment. The process for conducting a teachback session involves the following four steps:

Step One—Presentation

Presenter(s) open by stating the learning objectives of the session. The content should be given in a variety of modes, including lectures, discussions, brainstorming, and interactive exercises. Opportunities to identify and practice skills should be included wherever possible. In adapting the curriculum, shape content and process for a variety of audiences or to the particular needs of your audience.

Presenters should receive feedback on”

- ❖ Clarity
- ❖ Preparedness
- ❖ Teamwork
- ❖ Personal training style and skills
- ❖ Participant participation and interest.

Step Two—Peer Observation and Feedback

Participants may use the Peer Feedback Form displayed on page R-13 to record and orally present feedback to the presenter(s). This process may be observed throughout the teachback. After each presentation, copies of the forms should be given to the presenters to use to incorporate feedback into subsequent presentations.

Step Three—Self-Assessment

After hearing peer feedback, the presenter(s) should have a chance to assess verbally, and perhaps in writing as well, their own and each others' presentations.

Step Four—Trainer Feedback

Take detailed notes and offer comprehensive oral feedback after peer and self-assessment has been accomplished at the conclusion of each presentation. Avoid interrupting presentations unless an intervention is requested by the presenters. Submit your notes to presenters at the conclusion of the entire teachback. Afford presenters opportunities to speak privately with you during breaks in the teachback, or schedule formal appointments with each presenter to share your feedback.

Tips on Logistics for Training Events

Finally, experienced trainers have learned (often the hard way!) that the following logistics checks are essential:

- ❖ Check the training site well in advance to ensure that the room is flexible enough to allow for rearrangement.
- ❖ Make sure chairs are comfortable, as trainees may be sitting for extended periods of time.
- ❖ Check and recheck audiovisual equipment in advance and arrange to replace faulty equipment. Make sure there are plugs at convenient locations. Make sure there are enough extension cords!
- ❖ Make sure easels are strong enough to hold newsprint (many are too flimsy) and check markers to be sure they have ink. Make sure not to leave the caps off after use, or the ink will dry out.
- ❖ Check the supply of pens, pencils, and notetaking pads or sheets if they are to be provided.
- ❖ Make sure manuals and other materials scheduled for delivery to the site have indeed arrived. Check contents of all boxes to ensure that all materials are included.
- ❖ Check availability of copying facilities and costs for last-minute copying, should materials be missing, or should participants bring relevant materials, handouts, etc.
- ❖ Make sure enough tables have been provided for trainer manuals, materials, handouts, etc.
- ❖ Be sure to inform all participants, in writing in advance, that they are expected to be on time and to remain for the entire training session. Accept no excuses (except for extreme emergencies). It is extremely disruptive to trainees for others to move in and out of sessions. It is difficult to brief late arrivals and unfair to those who have arrived on time.
- ❖ Check with the group periodically during training to see where they are emotionally, energy-wise, and in their grasp of the content. Readjust the training style, schedule, and content or process emphasis, if necessary.
- ❖ Relax and have fun, and your training participants will do likewise!

Resource Materials

Group Discussion Skills	R-2
Tips for Making Effective Presentations	R-3
Room Set up Examples	R-4
Themes for Facilitation Discussion	R-6
Peer Feedback Form	R-10

GROUP DISCUSSION SKILLS

Structuring	To establish purpose and limits for discussion.	"What's happening in the group now?" "How is this helping us reach our goal?"
Universalizing	To help participants realize that their concerns are shared.	"Who else has felt that way?"
Linking	To make verbal connections between what specific participants say and feel.	"Mary is very concerned when participants are late. This seems similar to what Joan and Sam said yesterday about commitment."
Redirecting	To promote involvement of all participants in the discussion and to allow trainers to step out of the role of expert.	"What do others think about that?" "What do you think about Maggie's idea?"
Goal disclosure	To help participants become more aware of the purposes of their misbehavior.	"Can you say more about that in light of the goals we are trying to accomplish."
Brainstorming	To encourage participants to participate unhesitatingly in generating ideas.	"Let's share our ideas about this problem. We won't react to any suggestion until we've listed them all."
Blocking	To intervene in destructive communication.	"Can you explain your feelings?" "I wonder how a lesbian youth would feel when you said that."
Summarizing	To clarify what has been said and to determine what participants have learned.	"What did you learn from this discussion?" "What have we decided to do about this situation?"
Task setting and obtaining commitments	To develop a specific commitment from participants.	"What will you do about this problem for action?" "What will you do in this training?"
Promoting feedback	To help participants understand how others perceive them.	"I get upset when you talk so much that the rest of us don't get a turn. What do others think?" "I like the way you used humor in setting up the exercise."
Promoting direct interaction	To get participants to speak directly to each other when appropriate.	"Would you tell Joan how you feel about her feedback?"
Promoting encouragement	To invite participants directly and by example to increase each others' self-esteem and self-confidence.	"Thank you for helping us out." "What does Carol do that you like?" "Who has noticed Alice's improvement?"

TIPS FOR MAKING EFFECTIVE PRESENTATIONS

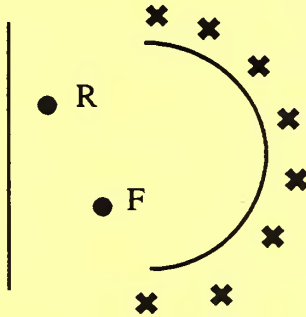
Behavioral scientists have concluded that the number-one fear of most Americans is speaking in public. Here are some ideas that have helped others in overcoming this fear:

- Having your ideas written on 3-by-5 cards can be distracting. Rehearse those ideas, preferably with a tape recorder, to play them back so you may listen for weak spots, rambling, or distracting fillers (noises such as ah, um, uh).
- Project your voice. Practice speaking from your diaphragm, not your throat.
- Keep eye contact with your audience. Keep moving your eyes every few minutes to different members of the audience.
- Stand to the side of any illustration background such as flip charts or blackboards.
- Dress according to audience expectations. When in doubt, overdress.
- Be as natural as possible. Remember, your best speaking tone is identical to conversational speech, only a bit louder.
- Vary the speed of your voice for maximum effect. Slowing down or pausing before important points will command audience attention.
- State your main points at the outset. After explaining them, end with a summary of the same main points.
- Search out examples and anecdotes that illustrate the main points of your talk.
- Speak to your audience in terms they understand.
- Constantly seek opportunities in your presentation to build a bond with the audience by pointing out similarities in your background, education, service career, etc. Avoid inappropriate self-disclosure.
- Use names of the attendees in your presentation, referring to their positions or titles if possible.
- For your own benefit, seek out opportunities to make presentations within your professional and social environment. Practice makes perfect.
- Try to use we, our, us, our workgroup, the Agency, Region rather than I, me, my, etc.
- When you're finished with a visual aid, cover it or remove it so it doesn't compete with you for the stage.
- Your nearness to the person you're trying to persuade can be effective. Many high-priced speakers use the "Donahue technique" with a walk-around microphone.
- In question-and-answer segments, keep track of the questions asked, perhaps using a tape recorder, so you may anticipate them the next time and be prepared with answers.
- When answering questions, try to reinforce key points of your presentation. Avoid irrelevant digressions.
- Don't be afraid to rephrase a question from the audience, or ask for clarification.
 - If the question is something that others might know, don't hesitate to draw on your audience's experience and knowledge. But don't get bogged down with trivial answers to trivial questions.
- Ensure that you summarize the main points of each session at the end of each question-and-answer period. Keep an eye on the clock to allow time for the summary.
- Above all, if you don't know the answer, say so on the front end, but always say, "I'll find out for you." Let the questioner, and the rest of the audience, know when and how they'll get the answer.

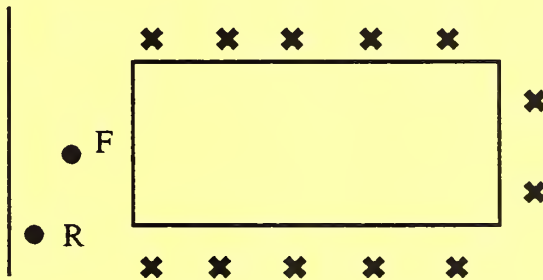
ROOM SETUP EXAMPLES

It is important to be aware of the dynamics of different room setups. Here are some of the basic ones. (**F**=facilitator; **R**=recorder).

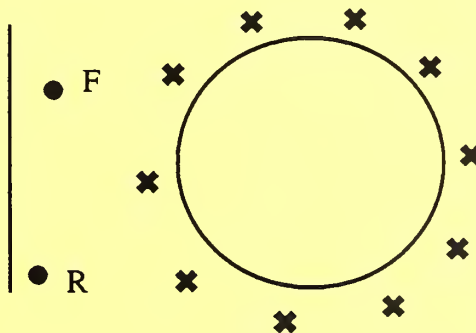
1. **Semicircle**—Probably the best for high-participation problem-solving meetings. Encourage people not to sit outside of the circle.



2. **Square Table**—Power tends to rest at the ends of the table; this discourages participation. This setup works for small, formal meetings.

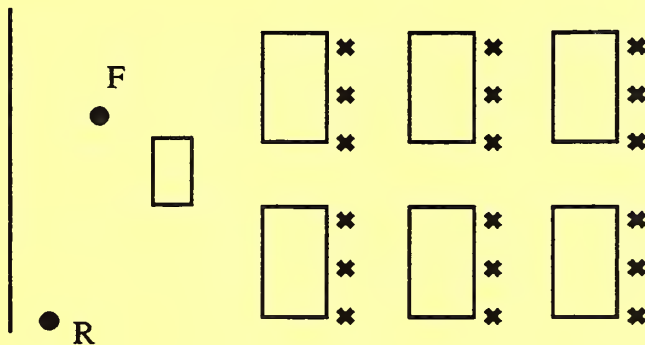


3. **Round Table**—Good for encouraging dialogue between group members. For best results, the F and R should join the others at the table.

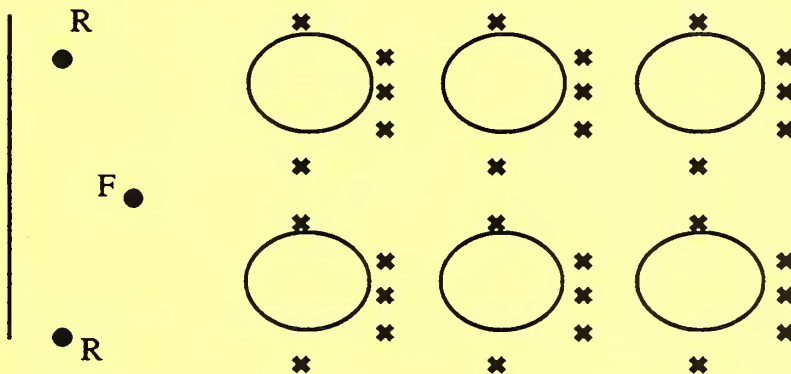


ROOM SETUP EXAMPLES (continued)

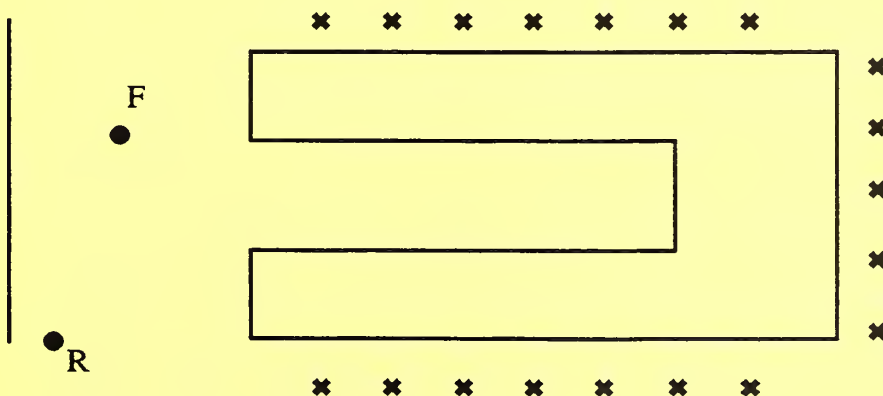
4. **Lecture or Classroom**—Probably the worst setup for a problem-solving meeting. Strongly discourages participation other than questions. The focus is on the facilitator to supply all meeting data.



5. **Round Tables**—Best method of having a large meeting with participation. Round tables encourage discussion at each table, and lead to a more informal, participative atmosphere.



6. **Horseshoe**—Another good setup for a medium-sized, participative meeting where participants must refer to written materials.



THEMES FOR FACILITATION/PRESENTATION SKILLS DISCUSSION

Introduction

This course is not designed to give staff all of the information they will ever need about HIV/AIDS, nor to change their views about HIV/AIDS-related risk behaviors, but to inform employees of basic facts about HIV/AIDS and their rights and responsibilities as employees.

1. Establishing “Why Federal Workplace HIV/AIDS Training?”

- Why HIV/AIDS? Very personal issues not usually confronted in the workplace (e.g., sex, drug use, death)
- Public health issue: Separating myths from facts and arming people with information (e.g., unfounded fear of workplace risks)
- Disease still incurable, prevention is possible only through education
- Reality that we already work with infected/affected colleagues and employees
- Legal implications
- Compassion and concern
- Presidential mandate
- Workplace info can be applied to employees with all disabilities
- NLCOA Stats

2. Breaking Down Audience Resistance

Sources of resistance

- Not appropriate content for workplace discussion
- Religious beliefs
- Biases and prejudices
- Misunderstanding of initiative (“There’s a correct way to feel.”) and what will happen in the classroom (They’ll make me see a condom demonstration or say that homosexuality is an okay lifestyle.)

Possible Responses

- Discussion belongs in the workplace because our coworkers may be infected or affected by a loved one, coworker, friend, or another who is infected or affected. EEO dictates that all employees be treated fairly and protected from discrimination—illegal and counterproductive to USDA mission—experienced in all types of workplaces by persons living with HIV/AIDS.
- Not condoning or condemning behavior, just saying, “if you do, ...”

- We all have the right to our values, beliefs, attitudes, and biases. Reality and legality dictates that it's important to address issue objectively in the workplace setting.
- The Initiative does not prescribe a "correct" set of values or beliefs, but simply requires that uniform information and policy be disseminated to the federal workforce.
- Training focuses on behavior, not lifestyle and does not include graphic depictions of sexual behaviors or risk reduction techniques.

What attitudes, beliefs, values, or prejudices are you dreading?

Summary

Numbers 1 and 2 above can be handled by establishing that the training does not require sharing of personal beliefs, that everyone has the right to pass, and that all views will be respected and not debated. Reinforce this by remaining direct and to the point, and by diffusing charged comments and opinions with facts and objective delivery.

3. Deciphering Audience Questions: Fact or Opinion?

Examples:

- Why are homosexuals overly represented among people with HIV/AIDS?
- Why would a drug user put him/herself in danger by sharing a needle or other injection equipment?
- Why should I make accommodation in the workplace for someone with a disease that could have been easily prevented?
- Only people who are promiscuous get HIV/AIDS, right?
- If you've been monogamous for a long time, you can't get HIV/AIDS, right?
- How about all the innocent victims, like babies, hemophiliacs, and transfusion recipients?

Can you think of an example of a question that might require decoding?

Possible Responses

Opinions in the guise of questions can be addressed with comments such as, "What I hear you asking is..." or, "Remember, we're not here to debate or make judgments, but to clarify information and facts about HIV/AIDS. One of the questions that you may be asking is..."

Summary

Never engage in a dialogue or debate over people's views or questions that are really opinions.

Respond succinctly and without more detail that the question requires or is appropriate for this course.

4. Handling Personal Buttons or Triggers

Examples

- Homophobic comments
- Comments about “innocent victims,” implying that there are “guilty victims”
- Other comments or questions that violate personal values, attitudes, and/or beliefs.

Suggested Remedies

- If a participant makes a comment that sets off a personal button or trigger, take a deep breath, say silently, “This is not about me!” and point out the need to move on. Some tactics to move on quickly include:
 - Thank the participant for his/her comment and state something like: “Many people share your view and others hold very different views,” or “There is some division of opinion on that point.” Then state something like, “Unfortunately, we don’t have time today to discuss that fully, but I’ll be available after the session if you’d like to talk.”
- Talk with a trusted colleague, cotrainer, the HIV/AIDS Workplace Coordinator, or another supportive person at your earliest convenience if that will help you to diffuse your feelings or difficulties.
- Make a list in advance of those expressed comments, attitudes, values, and/or beliefs that you are aware might set off a strong personal reaction and rehearse how you will handle yourself if the situation arises. Discuss your feelings and fears in this train-the-trainers session.

5. Handling Disclosure(s)

Avoid this problem by establishing upfront that disclosures of personal status may be uncomfortable for both the discloser and the audience. If disclosure occurs, thank the person, acknowledge his or her courage, and move on quickly to the next point. You might ask if that person would be willing to talk to others privately after the training session or at some future time.

6. Perils and Pitfalls

As a trainer of this course, you are taking on an identity as an “AIDS trainer,” which could subject you to personal attacks or questions. Be prepared to answer questions about your interest in the subject in ways that protect your integrity as a coworker and your personal experiences. Never feel obliged to divulge personal information, your HIV status, or your interest in HIV/ AIDS if it is too personal.

For trainer tips, consult your trainer’s handbook.

What are some perils or pitfalls you can think of?

PEER FEEDBACK FORM

NAME OF PRESENTER: _____

NAME OF OBSERVER: _____

SESSION PRESENTED: _____ DATE: _____

Listed below are twelve items related to conducting an effective presentation. Assess each presenter on each item by circling the number that best describes your opinion of the presenter's performance. Add your notes in the space provided on the back of the form.

THE PRESENTER:

	Disagree	Agree
1. Projected his/her voice effectively and varied voice tone to keep the audience interested.	1—2—3—4—5	
2. Clearly stated the main points of the presentation.	1—2—3—4—5	
3. Effectively established a bond with the audience.	1—2—3—4—5	
4. Used examples effectively to illustrate points.	1—2—3—4—5	
5. Appeared natural and relaxed.	1—2—3—4—5	
6. Employed a clear, personal training style.	1—2—3—4—5	
7. Demonstrated active listening and other trainer communication skills.	1—2—3—4—5	
8. Kept discussions focused.	1—2—3—4—5	
9. Kept to the prescribed timeframe.	1—2—3—4—5	
10. Handled transitions clearly and smoothly.	1—2—3—4—5	
11. Handled participants needs and concerns effectively.	1—2—3—4—5	
12. Handled disruptions effectively.	1—2—3—4—5	

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

HIV/AIDS STYLE GUIDE

Terms to Avoid	Why?	Use Instead
Aids	The proper term is an acronym for <u>A</u> cquired <u>I</u> mmuno <u>D</u> eficiency <u>S</u> ndrome.	AIDS
AIDS carrier; AIDS positive	This confuses the two distinct phases of having asymptomatic HIV infection and having AIDS.	HIV positive; HIV antibody positive; AIDS
AIDS test	The most commonly used test detects antibodies to HIV. There is a test which detects the virus itself but it is not yet in general use. Because the diagnosis for AIDS depends on clinical symptoms, there is no test for AIDS.	HIV antibody test
catch AIDS	It isn't possible to catch AIDS, the disease that results from HIV infection. This suggests routes of transmission similar to colds or the flu. HIV is not air or water born, and requires an exchange of blood, semen, vaginal, secretions, or breast milk. Use language that distinguishes between becoming infected with HIV and developing AIDS.	contract HIV; become infected with HIV; become HIV positive develop AIDS; have a diagnosis of AIDS
AIDS sufferer	Having AIDS does not mean being ill all the time. A person living with AIDS can continue to work and live a normal life for some time after diagnosis;	person with AIDS (PWA) person living with AIDS (PLWA)
AIDS patient	Only appropriate when someone is ill. Use care to distinguish between being ill with AIDS and having asymptomatic HIV infection.	
AIDS victim	Suggests helplessness, which is no longer appropriate.	
innocent victim	Suggests anyone else with AIDS is guilty.	
promiscuous	Implies an inappropriate moral overtone for presentation. The term also means different things to different people	multiple sex partners
high-risk groups	People are at risk because of what they do, not who they are.	high risk activities; high risk behaviors
homosexual men	There are men who have sex with other men who do not consider themselves homosexuals. This word can also have a pejorative connotation.	men who have sex with men
lesbian	Some women who have sex with women do not consider themselves lesbians. However, some women who have sex with women prefer the term lesbian.	women who have sex with women

HIV/AIDS STYLE GUIDE

Terms to Avoid	Why?	Use Instead
boyfriend/ girlfriend husband/ wife/ spouse	A presenter cannot make assumptions about the sexual activity, sexual orientation, or marital status of the members of the audience.	sexual partner
lifestyle	Often used as a euphemism for extramarital sexual activity or a homosexual orientation, but neither of these in itself puts a person at risk.	behaviors activities
safe sex	No sexual activity with another person is 100% safe unless the person is known not to be infected with HIV.	safer sex
addict junkie	These terms imply a judgmental attitude, which is not appropriate. They also do not identify the high risk behavior of sharing needles.	injecting drug user; injection drug user; IDU
IV drug user	Does not include the full range of needle sharing activity, such as skin popping.	person who shares needles or syringes
the time it takes AIDS to "show up"	Does not recognize the distinction between HIV infection and AIDS.	window period
sexual preference	Assumes one makes a choice about sexual identity.	sexual orientation
full-blown AIDS	When the correct distinction is always made between HIV and AIDS, there is no need to use this term.	AIDS
plague	suggests a contagious disease, transmissible by casual contact.	epidemic

This guide is adapted from one modeled after the 1990 Unesco AIDSED Newsletter.

IMPORTANT NOTES

USDA Policy Issues

H I V / A I D S

in the

Federal Workplace

Management's Responsibilities

HIV/AIDS in the Federal Workplace Management Roles and Responsibilities

Instructor Notes

(15 Minutes)

Show overhead 1. Begin the presentation by explaining the course objective and agenda for the two and one-half hour course.

Address the issue of personal opinion versus workplace issues by asking each participant to think about how they feel when someone shares that he/she is living with HIV/AIDS.

Suggested Text

The objective of this supervisory course is to provide you with the information you will need to effectively manage issues associated with HIV/AIDS in the workplace. Much of the information in this course is applicable to other types of illnesses in the workplace. Many of you may be managing employees living with HIV/AIDS and USDA is committed to assisting our employees who are ill as much as possible. However, as with any illness among workers, you the manager will need to balance the workload, environment, the HIV/AIDS employee's rights and requests.

Over the next two hours we will discuss this balancing act. We will spend the first part reviewing the responsibilities of a supervisor and the resources at your disposal in general terms.

There are two components to this disease: how someone becomes HIV infected and the stigma associated with contracting HIV; and the disease itself. At this point, we'd like you to take a minute to associate, in your mind, what you think of when someone says that he/she is living with HIV/AIDS. *You do not need to say anything out loud.*

Some common thoughts about how people feel about someone with HIV/AIDS include:

- How can I help you?
- I feel sorry for you.
- How did you get it?
- Are you gay?
- Have you been sleeping around?
- There must be something wrong with you.

HIV/AIDS in the Federal Workplace: Management Roles and Responsibilities

Instructor Notes

This introductory exercise acknowledges that HIV/AIDS is an emotion-laden topic about which people have varying opinions and judgements. By acknowledging that people may have personal opinions and even judgements, the focus of the discussion can be turned toward the issues associated with managing an employee with HIV/AIDS.

Discuss the supervisor's role and show overhead #2. Emphasize that the managers must perform a "balancing act" in getting the work done and ensuring employee rights and benefits.

(30 minutes)

Enact the scenario, making it seem as realistic as possible. Take your time reading the scenario. Allow there to be a pause between time periods show in italics.

To make the scenario seem more realistic, it may help to ask the participants to close their eyes and imagine them-

Suggested Text

The reason we had you do this exercise is at USDA we are concerned with an employee who is ill and how we can assist them and get our work done without judgement on how the employee contracted HIV. As a supervisor, you need to maintain this distinction and encourage it among fellow employees to ensure equal treatment and assistance to those employees who may be ill. This is not to say that you can't have your own opinions or recognize that employees may have them, but to focus on the issues of managing an employee with a disability, such as HIV/AIDS.

Previously, we've mentioned that you, as managers, have the responsibility to get the work done and ensure employee rights. This is the "balancing act" as illustrated on the overhead. Again, the purpose of this course meets your needs, it's important for us to spend some time outlining the issues that disabilities present in the workplace.

In order to begin this process, I am going to provide a realistic scenario in which you may find yourself. As I am explaining the scenario, I want you to be thinking of issues or questions that may come to your mind.

Knock. Knock. Can I come in for a minute? I really need to talk to you. As you know, I've been out sick a lot recently and it looks like I may need to visit the doctor on a routine, weekly basis. I'm telling you this because I think that I will be out each Wednesday or Thursday.

Three weeks later.

Can I speak with you? I've been taking time off each Wednesday to visit the doctor, however, I think that I may need to work part of my day at home. I am nervous about telling you this, but I have AIDS. My

selves in their office.

treatments really take a lot out of me and I find that I am very tired. I think that it would help if I could work for shorter periods and take breaks to rest between work sessions. I am also afraid that my colleagues will resent me for not being here and sharing the load, but I want to continue working. I also don't want anyone else to know.

Later that day:

You are walking down the hall and see a group of people assembled. You hear them talking about the employee who was just in your office asking to work at home. You overhear someone say AIDS.

Debrief the exercise by stating the four obvious questions that the scenario presents.

This scenario presents several issues that we're going to talk about. Some of you may have had some of the following issues or questions come into your mind:

Ask the participants if they have any additional questions or issues.

- 1) Do I need any documentation to approve leave?
- 2) My employee just told me that he/she has AIDS, what do I need to do now?
- 3) Under what conditions are employees allowed to work at home and what sort of documentation is required?
- 4) How do I control rumors and maintain a productive staff?

Do not spend more than a few minutes soliciting additional issues and questions from the participants. Participants may get frustrated if they spend too much time thinking of additional issues and **not** getting the answers to them.

These questions are four common responses. Briefly, does anyone have additional ones?

HIV/AIDS in the Federal Workplace: Management Roles and Responsibilities

Instructor Notes

Show overhead #3 and discuss how each issue will be handled during the course.

Distribute the checklist of key points on each of the six issues.

Emphasize that you will not be going into much detail on the issues of employee benefits and health and safety standards. These are complicated areas that are best handled on an individual basis with representatives from Human Resources and Health and Safety. Stress that you will spend some time getting familiar with their manual and the checklist which are meant to be resources for them in answering some of their questions about these issues.

There will be some questions or concerns about very specific issues, such as the disability process, insurance benefits, and leave administration. Stress that while their manuals and checklist outline some specific information, participants should contact the human resources office for more detailed, case-specific information.

Suggested Text

There are six general issues associated with managing disabled employees. These are listed on the overhead. Some of these issues may arise in one instance and not in others - every situation is unique.

While recognizing the uniqueness of each situation, there are some general principles or key points that we can make about each issue.

In order to use our time wisely, we will briefly discuss each of these issues. For the first two issues (employee benefits and maintaining a safe and healthy workplace), it may help for you to take notes in the so that you can refer to them later.

The remaining four issues include:

- Employees' ability to perform;
- Privacy and confidentiality;
- Reasonable accommodation; and
- Employee conduct.

We will be dealing with each of these complex issues through case studies to better facilitate discussion on the topic.

HIV/AIDS in the Federal Workplace: Management Roles and Responsibilities

Instructor Notes

Suggested Text

(15 Minutes)

Begin the discussion of employee benefits by asking the participants to review the checklist and locate chapter 2 in their manual.

Show overhead #4 once participants have located these pages.

Participants may have detailed questions on employee benefits. Refer participants to Human Resources office for more information.

Begin the discussion of health and safety by asking the participants to refer to the checklist and pages 2-10 through 2-12 in their manual.

Show overhead #5.

Emphasize that USDA is concerned for all employees and that health and safety standards should be used for protection from all types of infectious diseases.

The first issue that we're going to discuss is employee benefits. This includes the following:

- leave administration;
- health and life insurance; and
- disability retirement.

Admittedly, these benefits are complicated. It's important to point out that this course is not designed to answer specific questions about these benefits. Rather, let's spend some time becoming familiar with what are the issues.

The checklist provides some brief guidelines on these benefits. Again, recognizing that each case presents different circumstances, you should consult your Human Resources office for more detailed information and advice for yourself or your staff.

Let's discuss the second issues, health and safety in the workplace. These key points are listed on the overhead.

The risk of HIV transmission in the non-healthcare worksetting is minimal. Recognizing that there is possibility for blood exposure through accidents in the office or in the field of laboratories, two "safety nets" exist to protect employees. These are:

- 1) The practice of "universal precautions;" and
- 2) For those facilities that have a probably or likely exposure to bloodborne pathogens, an exposure control plan is required to identify the steps that will be taken to limit possible exposure.

- * These procedures have been established to protect all employees from **all** types of infectious diseases. Finally, these health and safety procedures are outlined on pages 2-10 through 2-12 in your manual.

Now let's turn to our remaining four issues. These are:

- 1) reasonable accommodation;
- 2) the employee's ability to perform;
- 3) employee conduct and attitudes; and
- 4) privacy and confidentiality.

Emphasize that we will be using case studies to illustrate the process that a manager will undertake in arriving at an acceptable solution to the situation.

These are all very complex issues with few "correct" answers. Rather, these issues present challenges of working within a general framework, determining and using existing resources, fine tuning your interpersonal skills, and coming to a solution that is acceptable to you and your employees.

- * As we've mentioned previously, this is the tough "balancing act" that is required of managers and supervisors.

We will spend the rest of the session providing input in dealing with these issues.

HIV/AIDS In The Federal Workplace

Instructor Notes

Discuss their role in risk prevention and reduction using the information from this course.

(15 minutes)

Show overhead #12

Suggested Text

Knowing how HIV is transmitted is not enough. It is your task to identify personal risk behaviors and any obstacles that you may encounter in modifying those behaviors. It may be useful to identify a support system or network that will reinforce prevention and risk reduction efforts. The responsibility for risk reduction is ultimately yours - your life and others may depend upon it.

Before we talk about the specific rights, it is useful to have an understanding of the basis of these rights. The Federal Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) work in tandem to make the status of workers with disabilities equal to that of workers who are not disabled. Additionally, the Privacy Act and the Civil Rights Act provide employee protections.

The Federal Rehabilitation Act and the ADA provide four basic rights to employees with disabilities. Before we talk about rights, we have to talk about the definition of a disability under these laws. A disability is defined as an impairment, or the perception of an impairment, that substantially limits a life activity. Thus, any employee with an illness that affects his/her work may be entitled to protection. HIV/AIDS has been interpreted by the courts to be a disability.

HIV/AIDS In The Federal Workplace

Instructor Notes

Show overhead #13

The important point to make is that discrimination is illegal based on an actual or perceived disability. Keep the discussion focused on the requirement to treat all employees fairly - regardless of any actual or perceived disability.

Suggested Text

Let's review the specifics of the rights outlined on the overhead.

Non-Discrimination or the right to fair treatment means that an employee cannot be discriminated against based on an actual or perceived disability. For example, an HIV-positive employee notifies a supervisor; the supervisor begins to withhold assignments from the employee out of concern for the employee.

Discrimination can occur due to perception of a disability. What do think some examples of discrimination might be based on perception?

In short, The Federal Rehabilitation Act prohibits discrimination in regards to hiring, firing, performance appraisals, or any other personnel action based on an employee's or applicant's HIV status.

In addition, the Federal Rehabilitation Act prohibits discrimination or harassment of clients who may be HIV-infected or perceived to be HIV-infected.

HIV/AIDS In The Federal Workplace

Instructor Notes

Place overhead #14 on overhead #13.

Suggested Text

The second basic right concerns **reasonable accommodation**. Reasonable accommodation is an adjustments that allow a qualified disabled employee to accommodations may include office modifications, work schedule changes, and leave administration. Job restructuring, and in rare instances, job reassignments, are also accommodations.

Requests for a reasonable accommodation must be initiated by the employee and supported by medical documentation. Most accommodations may be granted on the authorization of an employee's supervisor, e.g., ordering special equipment or approving leave. To approve simple accommodations, supervisors do not need to know an actual diagnosis, however, medical documentation or certification is required. The employee's request and supporting documentation of a disabling condition are the first necessary steps in the accommodations process.

As the nature of HIV-related disease changes over time as the disease progresses, it is necessary to re-evaluate the specific reasonable accommodations periodically. As the accommodations increase inscope, e.g., Leave without Pay (LWOP), the employee may need

HIV/AIDS In The Federal Workplace

Instructor Notes

Suggested Text

to inform the supervisor to have all the information necessary to make appropriate decisions. Any medical information necessary to the Supervisor is considered a "record," and as will be discussed next, must be maintained in strictest confidence except for those who need to know, i.e., personnel officials handling disability requests.

Some benefits require forms to be completed by the supervisor, employee and physician. In these few cases, i.e., disability benefits, or extensive physical accommodations, higher level authorization is required. USDA will make every reasonable effort to provide accommodations which will enable a qualified employee with HIV/AIDS to work as long as the employee can perform the job and elects to continue working.

Reasonable accommodations are based on:

- * a physician advice;
- * the employee's needs; and
- * USDA's constraints.

It is important to note that the Rehabilitation Act leaves it up to the employer and employee to work out a solution that both find acceptable, as long as the accommodation does not cause **undue hardship** to the employer.

HIV/AIDS In The Federal Workplace

Instructor Notes

Place overhead #15 onto previous overheads.

Suggested Text

Undue hardship can be interpreted to mean that accommodations will be granted within reason. Determinations are made on a case-by-case basis and thus there are no definitive answers to what is an acceptable accommodation. An accommodation can not be deemed unreasonable simply because it has not been previously used.

The third basic right concerns the protection of existing benefits. Benefits coverage cannot be canceled based on an employee's disability, including HIV/AIDS. However, employees should become familiar with the conditions of each benefit provided in order to adhere to specific requirements. The HIV/AIDS policy and your local Office of Personnel or Human Resources can provide you with more details on leave entitlement; and health, life, and disability insurance.

HIV/AIDS In The Federal Workplace

Instructor Notes

Place overhead #16
onto previous overheads.

Suggested Text

The last right concerns **privacy confidentiality**. No employee or prospective employee shall be obligated to disclose his/her HIV status or the HIV status of his/her family members or partner. If an employee or prospective employee chooses to disclose that he/she is HIV-positive, such disclosure shall not affect:

- * the Agency's decision to offer employment or promotions;
- * continued employment with the Agency
- * Receipt of such benefits that would normally accrue to other Agency employees holding equivalent positions.

All HIV-related information released to the Agency is confidential. Such information may not be disclosed without the prior written consent of the subject of the information unless otherwise authorized by law or necessitated by exceptional circumstances. Consensual disclosure of HIV-related information to persons with an official need to know may be necessary when an employee requests reasonable accommodation.

HIV/AIDS In The Federal Workplace

Instructor Notes

(15 minutes)

Show overhead #17

Suggested Text

In addition to the rights shown above, USDA is committed to maintain Health and Safety Standards in the workplace. USDA is committed to providing a safe work environment to **all** employees. USDA will continue to use the universal precautions outlined in the OSHA Bloodborne Pathogens rule as the basis for its guidance in avoiding HIV transmission in the workplace. Employees should be aware that according to leading medical research there is no known risk of transmission of HIV through normal office workplace contacts. In the unlikely instance of an accident or blood spill, universal precautions should be taken to minimize risk of exposure to all bloodborne pathogens.

Universal precautions require assuming that anyone is potentially infected with a bloodborne pathogen. Contact with blood should be minimized by using barriers, such as latex or vinyl gloves when assisting an accident victim. Wash hands thoroughly with hot water and soap after contact with blood. Call the health unit to clean up any blood spills.

It is recognized that USDA performs work in the non-office settings. To minimize risk of

HIV/AIDS In The Federal Workplace

Instructor Notes

Suggested Text

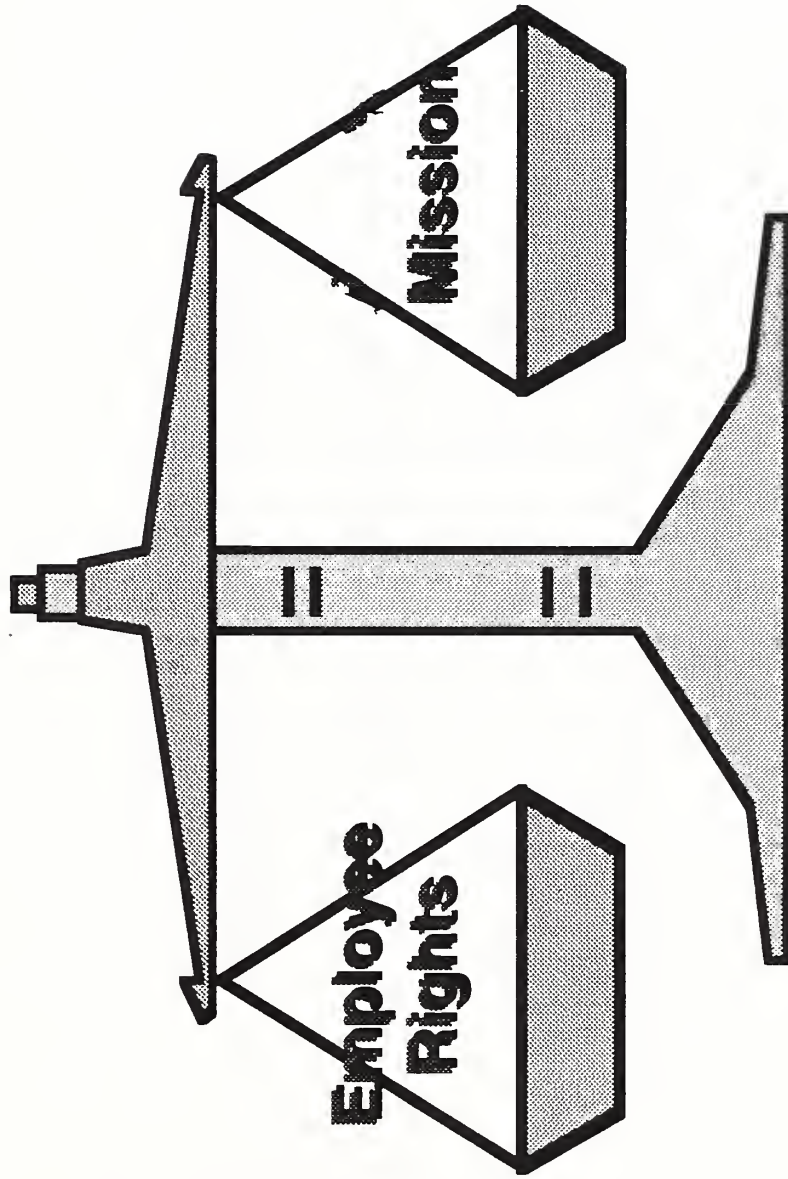
exposure to bloodborne pathogens, USDA's Office of Safety and Health follows OSHA's Bloodborne Pathogens Rule. This rule requires USDA to draft exposure control plans for all facilities or process that pose a likely risk of exposure to a bloodborne pathogen. Exposure control plans outline steps and precautions that should be taken to minimize risks.

Show overhead #18

Many resources are available to an employee with HIV/AIDS or to employees seeking additional information on the subject. In addition to AIDS Coordinators, Office of Personnel and Employee Assistance Programs, employees may contact any or all of the resources listed on the list provided.

Employees who believe they have been discriminated against may consult the USDA Office of Civil Rights or their Labor Union for more information on avenues of redress. Procedures for addressing differences include the Equal Employment Opportunity discrimination complaint process, the negotiated grievance procedures and in some instance, USDA's administrative grievance procedures.

"The Balancing Act"



Major Workplace Issues

- Employee Benefits
- Safe and Healthy Workplace
- Employees' Ability to Perform
- Privacy and Confidentiality
- Reasonable Accommodation
- Employee Conduct



Employee Benefits

- Leave Administration
- Health and Life Insurance
- Disability Retirement



Maintaining a Safe and Healthy Workplace

- All employees are guaranteed a safe and healthy workplace.
- The risk of HIV transmission in the non-healthcare setting is minimal.
- “Universal Precautions” should be undertaken to protect employees from all bloodborne pathogens.
- Exposure control plans must be written for facilities with a likely probability of exposure to a bloodborne pathogen.



EMPLOYEE BENEFITS: MANAGER'S CHECKLIST



Leave Administration

- Workers with HIV/AIDS may request sick leave, annual leave, advanced leave or leave without pay.
- *The Family and Medical Leave Act* allows an employee to take 12 weeks of unpaid leave annually to address their own HIV/AIDS conditions or that of a parent, legal spouse, son or daughter.



Insurance

- HIV-positive employees can continue receiving coverage under either the Federal Employees Health Benefits (FEHB) and/or the Federal Employees' Group Life Insurance (FGLI) Program.
- Coverage can be lost if the worker is in a leave-without-pay status for 12 continuous months, although the employee in this situation can convert to a private policy without undergoing a medical exam.
- If an employee initially waives life insurance coverage, a medical exam may be required as part of the application process, except during open season.



Disability Retirement

- HIV-positive workers may be eligible for disability retirement depending on his/her number of years of Federal service and medical condition.
- An employee on disability retirement needs to pay only his/her share of health and life insurance coverage.



EMPLOYEE RIGHTS

- ✓ Non-discrimination
 - HIV/AIDS status cannot be used as a criteria to discriminate in hiring, job assignments, performance appraisal, or termination.
 - Discrimination includes actions based on perception as well as knowledge of disability.
- ✓ Reasonable Accommodations
 - Initiated by the employee and may require medical documentation.
 - Accommodation is case-specific; no definitive list exists.
- ✓ Employee Benefits
 - Benefits apply to all employees regardless of disability.
 - Leave benefits include:
 - Sick leave
 - Annual Leave
 - LWOP
 - Leave Bank/Transfer Programs
 - Family and Medical Leave Act.
- ✓ Health and Safety Standards
 - All employees are guaranteed a safe and healthy work environment.
 - "Universal Precautions" are advised for protection from all infectious diseases.
- ✓ Privacy and Confidentiality
 - All medical information is kept private and confidential and maintained separate from an employee's personnel folder.

EMPLOYEE RESOURCES

- ✓ Local HIV/AIDS Coordinator
- ✓ Human Resources Office
- ✓ Employee Counseling and Assistance Program
- ✓ Office of Civil Rights at 202-260-4575
- ✓ Labor Unions
- ✓ CDC National AIDS Hotline at 1-800-342-AIDS

EMPLOYEE RIGHTS: MANAGER'S CHECKLIST



Safe and Healthy Workplace

- All employees are guaranteed a safe and healthy work environment.
- The risk of HIV transmission in the non-health care worksetting is minimal.



Employees' Ability to Perform

- HIV/AIDS status cannot be used as a criteria to discriminate in hiring, job assignments, performance appraisals, or terminations.
- An employee with HIV/AIDS is responsible for producing medical documentation regarding conditions affecting his or her ability to work.



Privacy and Confidentiality

- All HIV-related information released to the Agency is confidential.
- HIV-related information may not be disclosed to anyone without the prior written consent of the subject of the information, unless authorized by law or necessitated by exceptional circumstances.



Reasonable Accommodation

- Should be initiated by the employee.
- Employee must provide medical assessment of specific things she or he can do.
- Accommodations will vary and may include such things as modifying job duties, flexiplace, flexitime, job sharing, or job transfer.



Employee Conduct

- Information and counseling should be offered first (followed by corrective/disciplinary action) to employees reluctant or unwilling to work with HIV-positive employees.
- Counseling, remedial, and (if necessary) corrective action should be used with HIV-positive workers with performance or disciplinary problems.





United States
Department of
Agriculture

Office of
The Secretary

Office of
Personnel

Washington
D.C. 20250

DEC 13 1993

SUBJECT: Family and Medical Leave Act

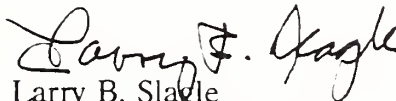
TO: Agency Heads
Deputies for Management
Agency Personnel Officers
Employee Associations

The Family and Medical Leave Act (FMLA), effective August 5, 1993, provides minimum entitlements that will allow employees to balance their work and personal lives. The Act is intended to promote stability and economic security. It is also intended to accommodate the legitimate interests of employers in a manner that minimizes the potential for employment discrimination on the basis of sex, while promoting equal employment opportunity for men and women.

While the Act establishes thresholds, there are no maximums. It is possible to be more liberal, but this is discretionary, not a matter of law.

The attachment contains questions that have been posed to the staff since the implementation of the Act.

Please direct any calls to Elizabeth Daly at (202) 720-8629.


Larry B. Slagle
Director of Personnel

Attachments

Questions and Answers on the Family and Medical Leave Act

1. What if an employee does not specifically request FMLA, i.e., must FMLA be "invoked?" In order to be covered by the provisions of FMLA, an employee must specifically ask for leave under the provisions of the Act. This can be as simple as an annotation in Block 6, "Remarks," of the Standard Form 71, Application for Leave, with supporting material provided separately. If the employee doesn't ask for FMLA and the supervisor or management official has reason to believe the absence is FMLA-type, it would be the perfect time to bring up the subject of FMLA, since the employee may be unaware or reluctant to broach the subject.

2. Must an employee, who requests FMLA, request to use sick and/or annual leave instead of leave-without-pay at the outset? No, however, it is preferable to avoid retroactive substitutions of paid leave. The employee should be counselled that paid leave (sick, annual, credit time) can be used instead of leave-without-pay at the time FMLA is requested.

3. Can an employee use sick leave for FMLA? Yes, if the reason meets the criteria for approving sick leave. An employee may use sick leave for the following reasons:

To receive medical, dental or optical examination or treatment;

Is incapacitated for the performance of duties by sickness, injury, or pregnancy and confinement;

Is required to give care and attendance to a member of his (*or her*) immediate family who is afflicted with a contagious disease; or

Would jeopardize the health of others by his (*or her*) presence at his (*or her*) post of duty because of exposure to a contagious disease. (5 CFR §630.401) (*Italics added*)

FMLA does not change the reasons for granting sick leave.

4. FLMA requires that an employee be returned to the same or identical position, it talks about pay, tenure, and benefits. What about "rank?" The law does not address rank, it merely says an identical position. According to the Office of Personnel Management, this means that the employee should return to a position at the same level in the organization and with identical or comparable duties. If the employee has been a leader, supervisor, or manager, the position the employee returns to should be a leader, supervisor, or manager. Only if an employee requests a job with fewer responsibilities, can a "lower rank" job be offered.

5. If an employee takes 12 weeks leave-without-pay, how does this affect service credit? It does not affect service credit for retirement purposes; it would affect service credit for time toward a within-grade increase (WGI). All General Schedule and Federal Wage System employees would have their WGI's delayed if they took the full 12 weeks.

6. Is medical certification necessary and, if so, how much? Under 5 U.S.C. §6383, an agency may require certification to care for a spouse, son, daughter, or parent, or for the employee's own serious health condition. The certification must support the employee's need to care for the family member. The certification must include a statement that the patient requires assistance for basic medical, hygiene, nutritional, safety, or transportation needs, or that the employee's presence would be beneficial. The employee is then required to indicate on the form the care he or she will be providing. A certification for the employee's serious health condition must include a statement that the employee is unable to perform the essential functions of his or her position. There is a form that has been developed by the Department of Labor that may be used until this issue is resolved. A copy of this form is attached. This is an issue that can be addressed on a Department-wide basis. Some agencies expressed an interest in having a Department-wide standard. Medical documentation may be required from a health care provider. Managers may differ on this issue, depending on the nature of the emergency and employee making the request. A Department-wide standard would preclude disparate treatment. If you have a suggestion, let us know.

7. Most Federal employees are covered under Title II of FMLA; others such as Presidential appointees, intermittent, and temporaries are covered by Title I. What is the difference? The Act provides 12 weeks leave-without-pay for family and medical emergencies. The eligibility, documentation, 12-month period, substitution of paid leave, publicity, record keeping and reporting, and program management differ. For a complete explanation/comparison, refer to the attached, "Summary of Differences Between Title I and Title II."

8. Can an employee contest a denial of FMLA? Yes, employees in bargaining units use the negotiated grievance procedure; other employees use the administrative grievance procedure.

9. Does FMLA impact the use or granting of advanced sick or annual leave? No, the rules are unchanged. Annual leave may still be advanced up to the balance of the amount that would be earned during the leave year; up to 240 hours of sick leave may also be advanced to an employee for his or her medical condition. What about the voluntary leave transfer program or the use of leave banks? An employee would be eligible to apply for the voluntary leave transfer program if his or her situation meets the criteria for a personal medical emergency, or the medical emergency of a family member. (5 CFR §630.902)

10. What constitutes "family?" The law and regulations define this as parents, spouses (including common-law in States where it is recognized), children, foster children, and children of a person standing in loco parentis. In addition, any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship regardless of gender or sexual orientation, consistent with the Secretary's policy statement on equal employment opportunity and civil rights, shall be considered family.

JUL 28 1993

Summary of Differences Between Title I and Title II

This paper summarizes the major differences between the interim regulations issued by the Department of Labor (DOL) implementing Title I of the FMLA and the interim regulations issued by the Office of Personnel Management (OPM) to implement Title II of the FMLA. The differences can be attributed to the statutory differences between Title I and Title II of the Act; the differences between the legislative history for Title I and Title II (House Committee Rept. 103-8, 103d Cong., 1st Sess., Parts 1 and 2, February 2, 1993); and the fact that Title I applies to a variety of non-Federal employers with widely different personnel practices, while Title II applies to a "single employer"--i.e., the Federal Government--with common personnel practices. It is important for Federal agencies to understand these differences because most agencies will have some employees covered by Title I.

Title I

Federal employees who meet all of the requirements for "eligibility" are covered by the FMLA. An "eligible" employee is an employee who--

- (1) Has been employed by the employer for at least 12 months (need not be consecutive);
- (2) Has been employed for at least 1,250 hours of service during the 12-month period immediately preceding the commencement of FMLA leave; and

Title II

Covered Federal Employees

Federal employees who meet the definition of "employee" under 5 U.S.C. 6301(2), excluding temporary or intermittent employees and employees employed by the government of the District of Columbia; plus physicians, dentists, and nurses in the Veterans Health Administration of the Department of Veterans Affairs; "teachers" or individuals holding "teaching" positions in DOD overseas schools; and employees paid from nonappropriated funds. In addition,

- (3) Is employed at a worksite where 50 or more employees are employed by the agency within 75 miles of that worksite.

Examples of Federal executive branch employees covered by Title I include:

- (1) Employees of the Postal Service;
- (2) Employees of the Postal Rate Commission;
- (3) Employees of the Library of Congress;
- (4) Employees of a corporation supervised by the Farm Credit Administration if private interests elect or appoint a member of the board of directors;
- (5) Part-time employees who do not have an established regular tour of duty during the administrative workweek;
- (6) Employees serving under an intermittent appointment or temporary appointment with a time limitation of 1 year or less (who also meet the "eligibility" requirements stated above); and
- (7) Employees of other Federal executive branch agencies who are not covered by Title II of the FMLA.

eligible employees must have completed at least 12 months of service as an employee as defined above. (The 12 months of service need not be recent service.) Service that is not creditable for meeting the 12 months of service requirement includes service in a position covered by Title I or Title V of the FMLA, military service (other than military duty performed while in a civilian position), and service as an employee of the government of the District of Columbia.

Health Care Provider

Doctor of Medicine or Osteopathy;

Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of

Doctor of Medicine or Osteopathy or a physician serving on active duty in the uniformed services;

the spine to correct a subluxation as demonstrated by X-ray to exist) who are authorized to practice by State law;

Nurse practitioners and nurse-midwives who are authorized to practice by State law; or

A person providing health services who is not a medical doctor, but who is certified by a national organization and licensed by the State; or

Christian Science practitioners listed with the First Church of Christ, Scientist, Boston, Massachusetts.

A Christian Science practitioner listed with the First Church of Christ, Scientist, Boston, Massachusetts.

During any 12-month period

An employer is permitted to choose any one of the following methods for determining the "12-month period:"

The 12-month period begins on the date the employee first takes FMLA leave and continues for 12 months.

- (1) The calendar year;
- (2) Any fixed 12-month "leave year" (e.g., fiscal year);
- (3) The 12-month period measured forward from the date FMLA leave begins; or
- (4) A "rolling 12-month period" measured backward from the date FMLA leave begins.

Applies to both: An employee is not entitled to 12 additional weeks of FMLA leave until the previous 12-month period ends and an event or situation occurs that entitles the employee to another period of FMLA leave. (This may include a continuation of a previous situation or circumstance.)

Husband and Wife Employed by the Same Employer

A husband and wife employed by the same employer are permitted to take only a combined total of 12 workweeks of unpaid FMLA leave during any 12-month period:

No such limitation in Title II.

- (1) For the birth of a son or daughter and care of the newborn;
- (2) For placement of a child with the employee for adoption or foster care; or
- (3) To care for a parent (but not a parent "in-law") with a serious health condition.

Substitution of paid leave

An employee may elect, or the employer may require, the employee to substitute any accrued or accumulated paid leave for the unpaid FMLA leave in accordance with current employer practices. If neither the employee or employer elects to substitute paid leave for FMLA unpaid leave and the circumstances for the paid leave do not qualify for FMLA leave, the leave will not count against the entitlement to 12 weeks of FMLA leave.

An employee may elect, but the agency may not require, an employee to substitute accrued or accumulated annual and/or sick leave or other paid time off for the unpaid FMLA leave in accordance with current law and regulations. An agency may not deny an employee's right to substitute paid time off for unpaid FMLA leave. An agency may not require an employee to substitute paid time off for unpaid FMLA leave. An employee may not retroactively substitute paid time off for unpaid FMLA leave.

Medical Certification

Applies to both: Under the FMLA, an employer may require that an employee's request for FMLA leave to care for his or her spouse, son, daughter, or parent or for the employee's serious health condition be supported by medical certification issued by the health care provider.

The employee must provide the medical certification within 15 calendar days from the date of the employer's request, whenever practicable. In the

The employee must provide the medical certification to the agency in a timely manner. If the employee is unable to provide the medical certification

case of foreseeable leave, if an employee fails to provide the medical certification within 15 calendar days, the employer may delay the taking of leave until the required certification is provided. If the need for FMLA leave is unforeseen, the employee must provide the medical certification within 15 days or as soon as reasonably possible under the pertinent circumstances, or the employer may delay an employee's continuation of leave until certification is received.

before FMLA leave begins, the agency must grant provisional leave pending final written medical certification. If, after FMLA leave has commenced, the employee fails to provide the medical certification, the agency may charge the employee as AWOL or may allow the employee to request that the provisional leave be charged as leave without pay or to the employee's appropriate leave account.

Transfer Temporarily to an Alternative Position

Applies to both: Under the FMLA, if an employee requests intermittent leave or leave on a reduced leave schedule that is foreseeable based on planned medical treatment, the employer may temporarily transfer the employee to an available alternative position that has "equivalent pay and benefits" and that can better accommodate recurring periods of leave.

Transfer to an alternative position may require compliance with any applicable collective bargaining agreement, Federal law (such as the Americans with Disabilities Act), and State law. Transfer to an alternative position may include altering an existing job to better accommodate the employee's need for intermittent or reduced leave. The alternative position must have equivalent pay and benefits.^{*} The employer may increase the pay and benefits of an existing alternative position so as to make them equivalent to the employee's regular job. The employer may also transfer the employee to a part-time job with

Transfer to an alternative position must be determined consistent with Federal laws, such as the Rehabilitation Act and the Pregnancy Discrimination Act. The alternative position must be in the same commuting area and must provide an equivalent grade or pay level, including any special or geographic/locality pay adjustment; the same type of appointment, work schedule, status, and tenure; and the same employment benefits made available to the employee in the previous position (e.g., life insurance, health

the same hourly rate of pay and benefits, provided the employee is not required to take more leave than is medically necessary. For example, an employee desiring to take leave in increments of 4 hours per day could be transferred to a half-time job paying the same hourly rate as the employee's regular job and enjoying the same benefits. The employer may not eliminate benefits that otherwise would not be provided to part-time employees; however, an employer may proportionally reduce earned benefits, such as vacation leave, where such a reduction is normally made by an employer for its part-time employees.

* "Equivalent benefits" includes all benefits provided or made available by the employer, such as group life insurance, health insurance, disability insurance, sick leave, annual leave, educational benefits, and pensions.

Certification to return to work

Applies to both: The FMLA allows an employer to have a "uniformly applied practice or policy" that requires an employee who takes leave for his or her own serious health condition to obtain medical certification from the health care provider that the employee is able to resume work.

An employer may establish a uniformly applied practice or policy that requires an employee to obtain medical certification to return to work. If the employer establishes such a policy, it must be uniformly applied and based, for example, on the nature of the illness or the duration of the absence. If state or local law or the collective bargaining agreement govern the return to work, those

benefits, retirement coverage, and leave accrual).

An agency may establish a uniformly applied practice or policy that requires an employee to obtain written medical certification from the health care provider that the employee is able to perform the essential functions of his or her position. Such policy or practice may apply only to those employees in positions that have

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the specific procedures for recording transactions. It details the steps involved in the accounting process, from the initial entry of a transaction into the system to the final posting to the general ledger.

3. The third part of the document discusses the role of internal controls in ensuring the accuracy and reliability of financial information. It describes various control measures, such as segregation of duties and independent verification, that are designed to minimize the risk of error and fraud.

4. The fourth part of the document addresses the importance of regular audits in the financial reporting process. It explains how audits provide an independent assessment of the financial statements and help to ensure that they are prepared in accordance with applicable accounting standards.

5. The fifth part of the document discusses the role of management in the financial reporting process. It emphasizes that management is responsible for ensuring that the financial statements are prepared honestly and accurately, and for providing the necessary resources and support for the accounting function.

6. The sixth part of the document discusses the importance of transparency and disclosure in financial reporting. It explains that providing clear and concise information about the company's financial performance and position is essential for building trust with investors and other stakeholders.

7. The seventh part of the document discusses the role of the board of directors in the financial reporting process. It explains that the board is responsible for overseeing the company's financial reporting and for ensuring that the financial statements are prepared in accordance with applicable accounting standards.

8. The eighth part of the document discusses the importance of the audit committee in the financial reporting process. It explains that the audit committee is responsible for overseeing the company's internal controls and for recommending the external auditor to the board of directors.

9. The ninth part of the document discusses the role of the external auditor in the financial reporting process. It explains that the external auditor is responsible for providing an independent opinion on the financial statements and for detecting any material misstatements or fraud.

10. The tenth part of the document discusses the importance of the financial reporting process in the overall business environment. It explains that the financial reporting process is a critical component of the business system and that it plays a key role in the allocation of resources and the making of business decisions.

11. The eleventh part of the document discusses the importance of the financial reporting process in the context of the global financial system. It explains that the financial reporting process is a key element of the global financial system and that it plays a key role in the stability and integrity of the global financial system.

12. The twelfth part of the document discusses the importance of the financial reporting process in the context of the future of the financial system. It explains that the financial reporting process is a key element of the future of the financial system and that it plays a key role in the development and growth of the financial system.

13. The thirteenth part of the document discusses the importance of the financial reporting process in the context of the current financial crisis. It explains that the financial reporting process is a key element of the current financial crisis and that it plays a key role in the resolution of the current financial crisis.

14. The fourteenth part of the document discusses the importance of the financial reporting process in the context of the future of the financial system. It explains that the financial reporting process is a key element of the future of the financial system and that it plays a key role in the development and growth of the financial system.

15. The fifteenth part of the document discusses the importance of the financial reporting process in the context of the current financial crisis. It explains that the financial reporting process is a key element of the current financial crisis and that it plays a key role in the resolution of the current financial crisis.

16. The sixteenth part of the document discusses the importance of the financial reporting process in the context of the future of the financial system. It explains that the financial reporting process is a key element of the future of the financial system and that it plays a key role in the development and growth of the financial system.

17. The seventeenth part of the document discusses the importance of the financial reporting process in the context of the current financial crisis. It explains that the financial reporting process is a key element of the current financial crisis and that it plays a key role in the resolution of the current financial crisis.

18. The eighteenth part of the document discusses the importance of the financial reporting process in the context of the future of the financial system. It explains that the financial reporting process is a key element of the future of the financial system and that it plays a key role in the development and growth of the financial system.

provisions will apply. In addition, any policy must comply with the requirements under the Americans with Disabilities Act (ADA) that any return-to-work physical be job-related. An employer may deny restoration until the medical certification is provided. An employer may seek medical certification only with regard to the particular health condition that caused the employee's need for FMLA leave.

Key employees

An employer may deny job restoration to a "key employee" returning from FMLA leave if such denial is necessary to prevent substantial and grievous economic injury to the operations of the employer. The "key employee" must be notified at the time FMLA leave is requested or commences of the potential consequence that he or she may be denied job restoration. A "key employee" is a salaried FMLA-eligible employee who is among the highest paid 10 percent of all the employees employed by the employer within 75 miles of the employee's worksite.

No such limitation under Title II.

specific medical standards, physical requirements, or who are covered by a medical evaluation program. The medical certification is limited to documentation necessary to prove that the employee meets the specific physical and/or medical standards for his or her position. An employee's refusal to provide medical certification to return to work is grounds for appropriate disciplinary or adverse action.

Recordkeeping and reporting requirements

Title I authorizes the Secretary of Labor to enforce compliance with the provisions of the FMLA and to investigate any violations of the FMLA. Title I requires employers to maintain records pertaining to compliance with Title I

Title II does not specifically include such enforcement and investigative authority. OPM has authority to prescribe regulations implementing Title II. Through

violation exists.

Employers must maintain the following information: the employee's name, address, occupation, pay rate, hours worked, and additions to and deductions from wages; dates of FMLA leave taken; hours of FMLA leave taken intermittently or under a reduced leave schedule; employee notices of leave; employer benefit plans and policies regarding the taking of paid and unpaid leave; premium payments to employees; and records of disputes between an employer and employee regarding FMLA leave.

Agencies must maintain the following information: (1) the employee's rate of basic pay as defined in 5 CFR 550.103(j); (2) the occupational series of the employee's position; (3) the number of hours of FMLA leave taken; and (4) whether the leave was family leave or medical leave. In addition, when an employee transfers to a different agency, the losing agency must provide the gaining agency with information on the number of hours of FMLA leave taken by the employee and the beginning and ending dates of the employee's 12-month period.

Posting Notices

Employers must post a notice explaining the provisions of the FMLA and the procedures for filing complaints. Civil money penalties may be imposed by DOL upon employers who willfully violate the posting requirements.

Employers must include information on the FMLA in their employee handbooks or provide guidance on employee rights and obligations under the FMLA.

No such posting or employee notification requirements included under Title II. However, agencies are required to post an information notice in a prominent place on any changes to Federal personnel regulations. In addition, OPM will transmit an employee "fact sheet" providing a summary of Federal employee entitlements under Title II of the FMLA.

CHAPTER 630 - ABSENCE AND LEAVE

SUBCHAPTER 1 - GENERAL PROVISIONS

1-3. LEAVE ADMINISTRATION

a. Agency

(1) Overall responsibility. The administration of leave within Agencies of the Department is the responsibility of the Heads of Agencies. In order to effectively discharge that responsibility, Agency Heads should prescribe general policy and procedures for the guidance of supervisors and employees, and should provide for continual review of the general status of leave administration within the Agency.

(3) Involuntary leave.

(a) General. Involuntary annual leave, sick leave, or leave without pay may be required under the following circumstances:

(i) When it has been determined in accordance with the procedures contained in Subchapter S10, FPM Supplement 831-1 that an employee is physically or mentally unfit for retention in his/her position and the employee is being recommended for disability retirement.

(ii) In emergency situations in which, because of illness or mental or emotional disturbance, he/she is not ready, willing, and able to perform the duties of his/her position, an employee may be placed on enforced annual leave, sick leave, or leave without pay, while decision is reached as to further action. However, after it has been determined that the employee is not eligible for disability retirement and that it is necessary to take removal action in accordance with DPM Chapter 752, the requirements of that Chapter with regard to duty and pay status during the notice period must be followed.

1-4. ABSENCE OF DISABLED VETERANS

Supervisory officers must grant to disabled veterans such sick leave as may be permitted by law in order that the veteran may receive medical treatment. If the veteran has no sick leave or annual leave, leave without pay must be granted. The grant is *required if all of the conditions covered in FPM Supplement 990-2, Book 630, S 1-4 are met.*

CHAPTER 630 - ABSENCE AND LEAVE

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CHAPTER 630 - ABSENCE AND LEAVE
SUBCHAPTER 2 - GENERAL PROVISIONS FOR ANNUAL AND SICK LEAVE

2-1. COVERAGE AND EXCLUSIONS

a. Employees Covered
Cooperative employees (agents).

Cooperative employees earn leave if their work and duties are controlled by a Federal officer. When employment is alternately under Federal and non-Federal control, they earn and may take such leave only during the period under Federal control.

b. Employees Excluded

(8) See Subchapter 2-3f of this Chapter.

2-2. DEFINITIONS

a. In this Chapter:

(9) Regular tour of duty. A regular tour of duty during each administrative workweek contemplates a definite day and/or hour of any day during the workweek when the employee will be required to perform duty. It must be specific enough so that it forms a basis of the day or hour for which leave could be granted.

(10) Scheduled in advance. A regular tour of duty is scheduled in advance whenever set at the time of appointment or as much as one day prior to the beginning of the regular tour of duty.

2-3. ACCRUAL OF LEAVE DURING PAY PERIODS

a. Full Biweekly Pay Periods

(1) During full-time outside training. Employees who are engaged in full-time outside training at the expense of the Government shall have biweekly accruals of leave credited to their leave account the same as if they were in active duty status in their regular position.

d. Accrual Reduction Because of Nonpay Absence.

(1) During absence because of injury. Employees on leave without pay because of injury received in the line of duty, do not accrue leave for the period for which they are paid disability compensation by the Bureau of Employees' Compensation.

e. Part-time employees.

To benefit from the leave law, a part-time employee must serve under an established tour

of duty for each of the two administrative workweeks in each biweekly pay period. All hours of work in excess of the basic work requirement for a part-time employee, including overtime, are counted in determining the biweekly accrual of sick and annual leave, up to a maximum of 80 hours in a pay status per pay period.

f. Leave for Alien Employees.

Alien employees occupying positions outside the Continental United States and the District of Columbia shall earn and accumulate annual and sick leave on the same basis as citizen employees. Exceptions to this provision which may be desirable under certain circumstances must be submitted, with justification, to the Director of Personnel for prior approval.

g. Transfer to an Agency where pay periods begin on a schedule different from USDA.

When an employee transfers under these conditions, the leave account will be credited on a prorated basis at the time the transfer is effective. For example, an employee in the four-hour annual leave category transfers after one week in the USDA pay period. The leave account would be credited with two hours of annual leave and two hours of sick leave upon transfer to the gaining Agency.

2-4. LEAVE CHARGES

b. Minimum Charge.

One hour is the minimum charge for either annual or sick leave unless *leave charges in multiples of 15 minutes are approved. Agencies are delegated the authority to approve annual and sick leave charges in multiples of 15 minutes. The Director of Personnel and the NFC should be notified when such a change is to be made.*

When annual and sick leave are charged in multiples of 15 minutes, leave balances must be shown in fractional increments.

Annual and sick leave are transferable in whole hour units only. Fractional hours are forfeited; however, an employee shall be permitted to take any annual leave needed to even off the leave balance prior to transfer.

SUBCHAPTER 2 - GENERAL PROVISIONS FOR ANNUAL AND SICK LEAVE

2-4. LEAVE CHARGES (Contd.)

c. During Travel Status.

When an employee is in travel status, annual leave shall be charged for any time within the prescribed hours of duty which is not spent in performing assigned duties, including official travel, or in some other type of authorized leave of absence, or for which the employee has not been excused administratively from performing duties without charge to leave. Such administrative excuse may be based upon an administrative determination that the nonperformance of duty was reasonable and was not contrary to the interest of the Government.

d. Reconstructed Travel.

In cases where employees depart early or later for official travel, entitlements shall be determined on a constructive basis as if the travel had been performed by the mode authorized and at the proper time. For example, if an employee was authorized to travel on Monday, but traveled on Sunday instead, the travel should be constructed as if it were performed on Monday and the employee should not be charged leave for any time that constructively would have been spent in travel status. (CG B-180021, September 5, 1978, and CG B-181363, August 23, 1974.)

e. During Full-Time Outside Training.

During the period employees are engaged in full-time outside training at Government expense, it is the policy of the Department to view employees' status as primarily that of students so that leave should not be charged normally for extended nonclass periods such as occurs during the Christmas and Easter holidays, spring vacations or semester changes, or where they are prevented from attending classes due to the closing of the training institution. However, this shall not preclude an agreement between the Agency and the employees under which their services would be utilized during such periods, but if it later develops that the employees will not be able to report to work initially because of illness or they notify the Agency the need to utilize the time in study, they should not be charged leave for any part thereof. When employees are to be given

the benefit of full-time outside training at the expense of the Government, it is the policy of the Department to establish an understanding with employees of their responsibilities with respect to their tour of training duty, the maintenance and submission of their leave record, and the utilization of their services during extended nonclass periods. This understanding should be evidenced by a written agreement effected prior to employee's entrance in the training course.

When an employee does not attend a scheduled class on a day when classes are held, such time shall be charged to the appropriate leave involved (annual, sick, etc.). The amount of leave charged shall be the same as the total hours' duration of the class.

f. Employees shall not be charged annual leave for periods of suspension when it is determined that such suspension was unjustified and it is rescinded. See DPM Supplement 296-31, Subchapter S3-12, Book II.

2-5. REFUND FOR UNEARNED LEAVE

Also, see FPM Supplement 831-1, Subchapter S10-5d(4).

2-6. UNCOMMON TOURS OF DUTY

a. Full-Time Employees With Indefinite Weekly Tours.

For such employees, the basic workweek consists of the first 40 hours in a pay status. All authorized leave shall be counted toward completion of an employee's 40-hour basic workweek. Not more than 8 hours leave may be charged for any one calendar day, nor may any paid leave be granted after the first 40 hours in pay status in any workweek.

b. Regular "Stand-by" Service

(See also DPM Chapter 610, Subchapter 1-3c(2)(c) for application of policy.)

Where "stand-by" service is compensated under the provisions of Sec. 550.141 of the Civil Service Regulations, and in those cases where hours of duty devoted

CHAPTER 630 - ABSENCE AND LEAVE

SUBCHAPTER 2 - GENERAL PROVISIONS FOR ANNUAL AND SICK LEAVE

2-6. UNCOMMON TOURS OF DUTY (Contd.)

b. to actual work cannot be clearly distinguished from hours of "stand-by" service, leave shall be charged as provided in a. above. Where "stand-by" service is compensated under the provisions of Sec. 550.141 of the Civil Service Regulations and hours of duty devoted to actual work can be clearly distinguished from hours of "stand-by" service, leave shall be charged only for any absence during hours of duty devoted to actual work.

CHAPTER 630 - ABSENCE AND LEAVE

SUBCHAPTER 3 - ANNUAL LEAVE

3-1. EARNING RATES

c. Change in Annual Leave Earning Rate

A notice of change in leave earning rate will be issued by the NFC. Employees will receive a copy of this notice.

3-2. DETERMINING CREDITABLE SERVICE

e. Notice to Employees

Employees should be advised that if the service computation date for leave shown on their personnel action is not correct because additional service should be included, it will be necessary for them to submit an SF-144, "Statement of Prior Federal Civilian and Military Service." Upon receipt of this form from the employee, the Agency personnel office shall determine whether such service is creditable for leave purposes. If the service is creditable, the Agency personnel office must process an official change personnel action to show the employee's new service computation date for leave.

3-4. GRANTING ANNUAL LEAVE

a. Purposes

(2) Observance of religious holy days. It shall be the policy of the Department to cooperate in making it possible for employees to observe established religious holy days, such as Good Friday, Yom Kippur, etc., by permitting employees to be absent on annual leave for this purpose. In such cases, Agencies should not deny leave except where the work program of the unit to which the employee is assigned will not permit his/her absence. Supervisors should be advised of this policy and should be instructed to be liberal in granting requests for annual leave for this purpose. *(Work schedules may also be adjusted for religious observances where such rescheduling does not interfere with normal work operations. See FPM and DPM 550.)*

b. Agency Authority

(1) General

(a) Policy. It is the general policy of the Department to grant annual leave in response to applications from employees if the work program of the unit will

permit such absence. Because annual vacations are important to maintain health and efficiency, employees will be encouraged to take planned annual leave, and supervisors should schedule work accordingly. In addition, it is recommended that supervisors be liberal in granting requests for annual leave to attend conventions of veterans, scientific and technical societies, fraternal and technical societies, fraternal and other organizations which may be of benefit to the wide and varied interests of Department employees.

It shall be the responsibility of all supervisors to schedule absences on annual leave in a systematic way and sufficiently in advance in order to (i) maintain the necessary workforce (ii) minimize absence during peak workload periods, (iii) permit employees to make adjustments in their plans to meet work requirements, and (iv) prevent loss of any leave due employees. Involuntary annual leave may not be required for the sole purpose of reducing annual leave accumulation.

Scheduling of annual leave, other than carryover annual leave on a yearly basis as may be necessary in industrial-type work situations, is not construed as involuntary annual leave provided the employees concerned are advised, upon appointments, and at the beginning of each leave year, of the schedule, and provided further, the employees have a reasonable opportunity within the scheduling system to make adjustments in their schedule to meet their personal needs. Scheduling of annual leave other than carryover annual leave as may be necessary during slack periods of less than 30 calendar days in industrial-type work situations in order to minimize standby time is not construed as involuntary annual leave when affected employees are offered an opportunity to request annual leave or leave without pay, and fail to so volunteer.

Involuntary annual leave may be required when unusual conditions, such as strikes, floods, storms, etc., disrupt normal working hours or quarters and an order is

SUBCHAPTER 3 - ANNUAL LEAVE

3-4. GRANTING ANNUAL LEAVE (CONTD.)

b. Agency Authority

(1) General

(a) Policy (Contd.)

issued to close down a unit and release employees from emergency "stand-by" or "on call" service, and the other requires employees to take annual leave. Under such circumstances involuntary annual leave shall be imposed only with the prior approval of the Director of Personnel (see DPM Chapter 610, Subchapter 1-3c(2)(d) for application of policy).

However, administrative approval shall not be denied if such denial causes the employees to lose leave.

Employees electing to take compensatory time off for working overtime rather than being paid for it shall use such compensatory time before being granted annual leave, provided the taking of such compensatory time will not result in their losing any accrued annual leave. (See DPM Chapter 550 for compensatory time off.)

(2) Annual leave before separation.

(a) When it is known in advance that an employee is to be separated, terminal annual leave may be granted:

(i) For that amount of unused current accrued annual leave which would otherwise be lost.

(ii) When fiscal conditions are such that a lump-sum payment, if made, would disrupt or materially retard normal administrative or program operations. This might be the case when the separation occurs near the close of the fiscal year and the amount of unobligated funds is not sufficient to permit the lump-sum payment to be made from current appropriations. In such cases, the amount of terminal annual leave granted shall not extend beyond the beginning of the fiscal year except for those cases where unused current accrued leave which would otherwise be lost extends beyond that date. (See (i) above.)

(iii) To the extent required to retain an employee on the rolls until the final date of separation where such date of separation is set by statutory, regulatory, or notice requirements, as in removals, reductions-in-force, retirements, etc.

c. Advancing Annual Leave

(1) Accrual and credit of annual leave.

(a) Permanent full-time employees. The credit given at the beginning of each full biweekly pay period in which earned. See Subchapter 3-4c(2) of this Chapter for the granting of unearned leave.

(b) Temporary full-time employees. The credit for annual leave shall be given at the beginning of each full biweekly pay period in which earned.

(c) Employees who have uncommon tours of duty. Permanent and temporary full-time employees with uncommon tours of duty, whose basic workweek has been established as consisting of the first-40 hours of duty within a period of not more than 6 days of the administrative workweek, shall earn and be credited with annual leave on the same basis as permanent or temporary full-time employees with regular tours of duty. Any hours in excess of 40 in the administrative workweek are to be disregarded.

(2) Unearned annual leave. In accordance with the general policy of the Department on annual leave as stated in Subchapter 3-4b of this Chapter, unearned annual leave may be granted as follows:

(a) Any employee may be granted unearned annual leave to the extent that leave will accrue during the current leave year. An employee holding a limited appointment may be advanced annual leave only in the amount which will be earned during the remaining period of employment.* Such employees may take at any time on or after the beginning of the current leave year, the leave for the entire year, subject to administrative approval.

CHAPTER 630 - ABSENCE AND LEAVE

SUBCHAPTER 3 - ANNUAL LEAVE

3-4. GRANTING ANNUAL LEAVE Contd.

c. Advancing Annual Leave(2) Unearned annual leave Contd.

(b) Unearned annual leave under this provision may be granted only with the express understanding that if it is not later earned during the remainder of the leave year, the employee may be required to make refund for the unearned portion. (See Subchapter 3-4c(3) below.)

(3) Refunds for advanced annual leave.

(a) Policy. It shall be the policy of the Department to charge annual leave debit at the end of a leave year in the account of any permanent or indefinite employee against leave earned in the following year, provided that:

(i) The annual leave debit is, in the opinion of the Agency, a result of nonpay status which was necessary due to illness, or other personal emergency;

(ii) The charge against next year's leave shall not exceed one-half of the annual leave to be earned the following year;

(iii) The charge against next year's annual leave is not made for 2 years in succession.

Any of the debit which exceeds one-half of the annual leave to be earned the following year must be covered by a refund in accordance with subparagraph (b) below.

(b) Collection of refunds. Collections of refunds for overdrawn leave which must be made in accordance with Subchapter 3-4c(3)

(a) of this Chapter, should be made as soon as possible during the next leave year by deduction from the first and subsequent payments of compensation due the employees for services rendered. Where it is determined administratively that the financial condition of an employee clearly justifies such action, the deductions from compensation may be made by installments not to exceed beyond the current year, with due regard to be given to protecting the interests of the

United States in the event of possible death or retirement of the employee during the year. No charge should be made in such cases against the retirement fund as long as the employee remains in the service. Refunds should be made for the exact amount paid the employee for such advanced leave. It should be made in accordance with the leave regulations in effect at the time the advanced leave was taken.

(4) When not authorized. Annual leave may not be advanced when it is known (or reasonably expected) that the employee will not return to duty, such as when the employee has applied for disability retirement, after an employee has received a notice of separation, of furlough, or has submitted a resignation.

3-5. MAXIMUM ACCUMULATION

e. Restoration of Annual Leave

Refer to Subchapter 3-8.g. Note time limits for using annual leave restored because of an unwarranted or unjustified personnel action are different than annual leave restored because of exigencies, sickness, or administrative error.

*f. Upon Leaving an SES Position

When an employee leaves the SES, the allowable annual leave carryover (maximum accumulation) is the balance in effect at the time of movement to the non-SES position, unless that amount is less than the maximum accumulation amounts allowed by other FPM provisions, i.e., 30-day maximum for most employees or 45-day maximum for certain categories (FPM 630, Subchapter 3-5).*

3-6. ANNUAL LEAVE IN CONNECTION WITH FOREIGN TRAVEL

The granting of annual leave in connection with foreign travel is not prohibited. However, Agencies shall be guided by the following in granting annual leave during this type of situation:

Annual leave shall be authorized in connection with foreign travel only where the taking of such leave would not detract from or impinge upon the primary purpose

SUBCHAPTER 3 - ANNUAL LEAVE

3-6. ANNUAL LEAVE IN CONNECTION WITH FOREIGN TRAVEL Contd.

of the foreign travel. Consideration also should be given to the impact the taking of annual leave would have upon domestic job-related responsibilities and demands. Such leave shall be approved by the specific supervisor authorizing the foreign travel.

3-7. CHARGING ANNUAL LEAVE

Employees in an annual leave status shall not be charged annual leave for a period in which they are actually engaged in one of the activities for which official leave is granted. (See Subchapter 11 of this Chapter.)

The above policy does not apply in those instances where employees are excused for voting purposes, greeting visiting dignitaries, or due to emergency situations such as hazardous weather, etc.

3-8. RESTORATION OF ANNUAL LEAVE

a. Delegations

Agency Personnel Officers are authorized to approve restoration of annual leave *cases.*

b. Authority

Office of Personnel *Management (OPM)* authorities are to be followed in the processing of annual leave restoration cases.

c. Processing cases

Form AD-582, "Authorization for Restored Annual Leave Under P.L. 93-181 or P.L. 94-172" shall be used to record restored annual leave in the MODE System. It is a 4-part Form for distribution as follows: original - NFC, one copy - OPF, one copy - Timekeeper, and one copy - Employee. Use Form AD-337 to transmit the AD-582 to the NFC.

The SF-1150, "Record of Leave Data Transferred," is used in the MODE System to credit leave balances when persons transfer to this Department. A restored annual leave balance now is shown on the SF-1150 where applicable.

The AD-582, "Authorization for Restored Annual Leave Under P.L. 93-181 or P.L. 94-172" is used to record and establish restored annual leave in the MODE System for USDA employees. Therefore, whenever an SF-1150 shows a restored annual leave balance, an AD-582 must be prepared. Persons having delegated employment authority are authorized to sign as approval officers in this instance.

d. Recording on the T&A

Use of restored annual leave shall be recorded on the T&A by Transaction Code 63. Timekeepers should be advised of this Transaction Code. It should be recorded on employee's T&A when the Timekeeper has a signed AD-582 on file for the employee. No restored annual leave balances shall be maintained on the T&A. Timekeepers will be expected to maintain these separately, possibly on their copy of the AD-582. The NFC will audit restored annual leave use and balances. They will not, however, issue notices of restored annual leave balances for each employee prior to the end of the Leave Year. Timekeepers should be prepared to notify employees of these balances.

e. Requirements for Submission of Requests

Requests for restoration of annual leave forfeited in a leave year due to a public exigency should normally be submitted for processing by April 1 of the following Leave Year unless special circumstances are involved.

f. Informing supervisors and employees

Information should be provided to supervisors and employees at least annually on the requirements for scheduling and approving annual leave and the procedures to follow before such leave can be restored.

g. Unwarranted or Unjustified Personnel Actions (CFR 550.805(f))

Annual leave restored under this provision is controlled by different time limits than the leave restored for exigencies, sickness, or administrative error. Time limits under this regulation are as follows:

SUBCHAPTER 3 - ANNUAL LEAVE

3-8. RESTORATION OF ANNUAL LEAVE Contd.

(1) A full-time employee shall schedule and use excess annual leave of 416 hours or less by the end of the leave year in progress two years after the date on which the annual leave is credited to the separate account. The Agency shall extend this period by one leave year for each additional 208 hours of excess annual leave or any portion thereof.

(2) A part-time employee shall schedule and use excess annual leave in an amount equal to or less than 20 percent of the employee's scheduled tour of duty over a period of 52 calendar weeks by the end of the leave year in progress two years after the date on which the annual leave is credited to the separate account. The agency shall extend this period by one leave year for each additional number of hours of excess annual leave, or any portion thereof, equal to 10 percent of the employee's scheduled tour of duty over a period of 52 calendar weeks.

CHAPTER 630 - ABSENCE AND LEAVE

SUBCHAPTER 4 - SICK LEAVE

4-1. EARNING RATES

a. Earning Rate for Full-Time Employees

(1) During full-time outside training.
See Subchapter 2-3a of this Chapter.

(2) During absence because of injury.
See Subchapter 2-3d of this Chapter.

c. Crediting Sick Leave

The credit for sick leave shall be given at the beginning of each biweekly pay period.

4-2. GRANTING SICK LEAVE

a. Purpose

(2) Granting sick leave for care of member of family having contagious disease. Sick leave shall be granted to an employee who is not ill but whose presence is required to care for and attend a member of the immediate family who is ill at home with a contagious disease, or when, through exposure to contagious disease, the presence of an employee at his/her post of duty would jeopardize the health of others. (See FPM Chapter 630, Subchapter 2-2a(3) for definition of contagious disease.) When sick leave is granted under these circumstances, an explanatory medical certificate from the physician shall be required in support thereof.

b. Agency Authority

(1) Requirements for granting sick leave. The granting of sick leave is subject to the following requirements:

(a) Prompt notification. An employee who is absent on account of sickness shall notify his/her supervisor as early as practicable on the first day of such absence, or as soon after as possible. Failure to give such notice may result in the absence being charged to annual leave or non pay leave, as the circumstances may justify.

(b) Application for sick leave. Application for sick leave other than advance sick leave shall be filed within the pay period in which the employee returns to duty.

(c) Granting sick leave without

application. If an employee dies before application for sick leave is made, the agency may grant (without such application) either accrued or advance sick leave in accordance with existing regulations. Such leave may be approved only for a period immediately prior to death resulting from the illness or disability that caused the employee's absence.

(2) Policy in reduction-in-force cases.

In general, an employee who has received a notice of separation by reduction-in-force may be granted sick leave up to the last day on which the agency would have retained him/her in an active duty status. If an employee who is serving in an appointment not limited to one year or less:

(a) Enters on sick leave prior to receipt of notice of furlough or separation by reduction-in-force; or

(b) Becomes ill while in active duty status after receipt of notice;

the agency may, if it so desires, set the date of furlough or separation so as to permit the employee to take additional sick leave before being separated or placed on furlough. If the employee becomes ill after entering on terminal annual leave, the agency may if its funds permit, substitute sick leave for annual leave, provided it receives definite proof that the employee has been ill.

4-3. ADVANCING SICK LEAVE

c. Agency Authority

(1) Time of request. Generally, a request for advance sick leave should be made as early as practicable on the first day of such absence or as soon after as possible. In many cases, the employee may not be aware that the sick leave is exhausted, or of the fact that a determination must be made by him/her as to whether continued absence while ill should be charged to annual leave or leave without pay.

SUBCHAPTER 4 - SICK LEAVE

4-3. ADVANCING SICK LEAVE Contd.

Where no request on the part of the employee is received at the time sick leave is exhausted, the employee should be notified of the leave status. The employee should also be requested to indicate his/her determination with respect to charging absence by not later than the end of the first complete pay period occurring after date of notification of leave status. Failure to do so may result in absence being charged to annual leave or non pay leave status, as the circumstances may justify.

(2) When authorized. The granting of advance sick leave is an administrative judgment made by supervisors, and should be weighed equitably in line with Department policy. Supervisors should be made aware of their personal responsibility in this area by periodic reminders of Department policy.

Policy. At the discretion of the agency, sick leave not in excess of 30 days may be advanced in cases of serious disabilities and serious ailments. *An employee holding a limited appointment may be advanced sick leave only in the amount which will be earned during the remaining period of employment.* Advanced sick leave may not be granted to an employee who is not ill, but is required to take care of a member of the immediate family who is ill nor shall it be granted in cases where all sick leave has been exhausted and the employee is not seriously ill. Advance sick leave may be for any number of days, or hours within the maximum of 30 days, and may be granted regardless of whether the employee has annual leave to his/her credit. The 30 days maximum is reached whenever an employee's record indicates indebtedness of 240 hours of sick leave.

(3) When not authorized. Advanced sick leave may not be authorized when it is known (or reasonably expected) that the employee will not return to duty, such as when the employee has applied for disability retirement, after an employee has received a notice of separation or furlough, or has submitted a resignation.

4-5. RECREDIT OF SICK LEAVE BALANCE -
RETURN FROM AN INTERNATIONAL ORGANIZATION

Periodically, employees are reemployed by agencies after service with an international organization. Under special authority, these employees can have their sick leave reccredited even though they have been off the rolls for more than three years. This is a special exception covered in 5 U.S.C. 3582.*

CHAPTER 630 - ABSENCE AND LEAVE

SUBCHAPTER 5 - TRANSFER AND RECREDIT OF ANNUAL AND SICK LEAVE

5-1. ANNUAL LEAVE

a. Transfer

(5) From an ASC county position to a USDA Federal position. Under the provisions of PL 90-367, a leave-earning ASC county employee who moves to a Civil Service position in the Department under the annual and sick leave system, shall have transferred with the employee all annual leave accumulated in county employment providing:

(a) the USDA appointment is effective on or after June 29, 1968, and

(b) there is no workday break in service.

If an ASC county employee moves to a USDA Federal position and subsequently transfers to another Government Department, all of his/her annual leave may be treated as earned in Federal employment. Thus, upon subsequent transfer, the employee will transfer with him/her all annual leave to his/her credit including annual leave which may have been earned in a county office.

If a USDA Federal employee transfers without a break in service to an ASC county position, all annual leave to his/her credit shall be transferred with him/her.

(6) From a State Cooperative Extension position to a USDA Federal position. State Cooperative Extension employees appointed as agents in field positions under excepted appointment Schedule A-213.3113(a)(1), who transfer to any Agency or Office of the Department, are not entitled by law, regulation, or agreement to transfer annual leave from their State university leave systems. Such employees may have an Official Personnel Folder, but they can be identified operationally since their OPF's will lack any appointment action on an AD-350. Agency Servicing Personnel Offices should assure that annual leave is not transferred for employees under an appointment of this type.

b. Recredit

(6) From a State Cooperative Extension position to a USDA Federal position. The provisions of Subchapter 5-1a(6) apply equally in the recredit of annual leave.

5-2. SICK LEAVE

a. Transfer

(5) From an ASC County position to a USDA Federal position. The provisions of Subchapter 5-1a(5) apply equally in the transfer of sick leave.

(6) From a State Cooperative Extension position to a USDA Federal position. The provisions of Subchapter 5-1a(6) apply equally in the transfer of sick leave.

b. Recredit

(6) From a State Cooperative Extension position to a USDA Federal position. The provisions of Subchapter 5-1b(6) apply equally to the recredit of sick leave.

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SUBCHAPTER 11 - EXCUSED ABSENCE

11-2. REGISTRATION AND VOTING

a. Information

As specified in FPM 630, Subchapter 11-2, an employee is excused from duty in order to allow the employee to report for work three hours after the polls open or to leave work three hours before the polls close, whichever is the lesser amount of time. The determination of the amount of voting leave to be granted to employees will vary depending on the employee's voting location as well as the official duty hours for the agency where the individual is employed. For those employees on flexitour schedules, determination of voting leave should be based on the employee's flexitour schedule of record. Employees on regular work schedules, such as 8:30 a.m. through 5:00 p.m., who work in the Washington, D.C. Metropolitan Area and who reside in one of the political subdivisions may be granted voting leave in accordance with the provisions specified below. Heads of Agencies of the Department should instruct all installations outside the Washington, D.C. Metropolitan Area under their jurisdiction that necessary information should be assembled, wherever feasible, about hours during which polls are open in all political subdivisions in which their employees reside.

Where justified by exceptional circumstances, additional time may be granted in accordance with the executive policy stated in FPM Supplement 990-2, Book 630, Subchapter 11-2a.

b. Poll hours in the Washington, D.C. Metropolitan Area and examples of voting leave which may be granted.

<u>Political Subdivision</u>	<u>Poll Hours</u>	<u>Duty Hours 8:30 - 5:00</u>
Virginia	6:00am - 7:00pm	30 minutes
Maryland	7:00am - 8:00pm	None
District of Columbia	7:00am - 8:00pm	None

c. Information for all Employees

All employees should be informed how these provisions apply in their own headquarters. Decisions as to the amount of voting leave

with pay which may be granted under these provisions should be given to employees as much in advance as possible to avoid questionable situations and emergency actions.

11-3. CIVIL DEFENSE ACTIVITIES

Executive Order 10529 of April 22, 1954, provides for the participation of Federal employees in State and local civil defense activities. In cooperating with State and local civil defense officials in pre-emergency training programs and test exercises, employees who are assigned to such activities may be granted official time for this purpose.

11-4. PARTICIPATION IN MILITARY FUNERALS

Employees who are veterans of any war, campaign, or expedition (for which a campaign badge has been authorized), or members of honors or ceremonial groups of organizations of veterans shall be granted time off without charge to leave or loss of pay for not to exceed 4 hours in any 1 day to enable them to participate as active pallbearers or as members of firing squads or guards of honor in funeral ceremonies for members of the Armed Forces who are returned to the United States for final interment.

11-5. ADMINISTRATIVE DISCRETION

a. Blood Donation

Any employee making a donation of blood for which he or she will receive no compensation may be excused from work without charge to annual or sick leave for a period not to exceed 4 hours (not including the time needed for the donation) for the purpose of subsequent rest and recuperation. Compensated blood donors will be required to take annual leave or leave without pay for any period of absence required for that purpose.

c. Taking Examinations

Employees shall be granted official leave for a period necessary to complete an examination or to obtain a professional license:

(1) If the examination the employees are taking, is for the position they now occupy; or

SUBCHAPTER 11 - EXCUSED ABSENCE

11-5. ADMINISTRATIVE DISCRETION CONTD.

c. Taking Examinations (Contd.)

(2) The examination is for a position to which transfer, promotion, or reassignment is recommended by the Department.

(3) For a professional license or certification (such as DPA, Bar Exam or admittance to practice, Engineers) where its acquisition is considered advantageous to the Agency.

d. Leave Prior to or Upon Completion of Travel

Employees may be excused for not to exceed two hours without charge to leave prior to or upon the completion of their travel status because the time of departure from or arrival at their headquarters is such that an administrative determination may be made that the leave is reasonably necessary under the circumstances.

f. Time Allowed in Health Units or First Aid Rooms

Employees who are being sent to health units or first aid rooms for treatment shall be informed that they may not remain for more than one hour unless the circumstances are unusual. In case an employee is not able to return to work after remaining in the health unit or first aid room for one hour, the employee will be sent home by the supervising nurse (where one is available or by the appropriate official where there are no nurses) after the Agency concerned has been notified.

The above excused absence applies only to those employees who incur an injury or become ill while in a duty status. Where employees are required under doctor's orders to rest a certain amount each day, such time shall be charged to sick leave.

All employees shall be instructed to "sign in" upon entering the health unit or first aid room and "sign out" upon leaving. Duplicate copies of time slips will be sent to Agencies only when visits involve a

period of rest or injury incurred in the line of duty. Agencies may verify visits by telephone.

g. Participation in Emergency Rescue or Protective Work

Any employee may be excused from work without charge to leave to participate in emergency rescue or emergency protective work in a civilian capacity during official working hours. Emergency situations include but are not limited to extreme weather conditions or disasters such as fire, flood or other natural phenomena.

Supervisors have the authority to grant leave. It should be their responsibility to determine that such leave was for an emergency and was in the interest of the public welfare.

h. Physical Examinations

(1) At Department request. If an Agency of the Department requires an employee to undergo a physical examination other than the required one for appointment, the employee shall be given excused absence for the time necessary to complete the examination. However, when because of conditions discovered or medical suspicions aroused as a result of the examination it becomes necessary to hospitalize the employee or require additional and more extensive tests and examinations, then in the absence of legislation otherwise providing, the time involved in undergoing such additional tests and examinations may not be regarded as excused absence.

This would be true even though periods of duty may intervene between the initial examination and the additional tests, examinations or hospitalization that may be required.

(2) For Military duty. An employee who is required to take a physical examination in connection with induction or enlistment in the armed forces shall be excused officially for the time necessary to complete the examination. Members of the reserve who are recalled to active duty are placed on pay status with the branch of the armed forces the time required to take the physical examination, and, therefore, shall not be excused for that purpose.

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11-5. ADMINISTRATIVE DISCRETION Contd.

i. Change of Official Station. Nontemporary employees who are making a change of official station in the interest of the Federal Government which will involve relocation of family residence may be granted time off without charge to leave or loss of pay for moving arrangements and/or making an approved househunting trip or locating quarters at new duty locations incident to the move when expenses and costs of the move are reimbursable under 7 AR 562 or other comparable Federal regulations. The total time excused shall not exceed 80 hours of pay status for any official move under these regulations.

The administrative leave is to cover such activities as:

- (1) Locating quarters at new duty locations, including the travel time covered in GSA Federal Travel Regulations.
- (2) Premoving and postmoving arrangements, such as stopping and starting utility services, but not for packing since packing is covered in the commuted rate allowance.

The on-the-road travel time involved in the final one-way move is not chargeable against the 80 hours limitation.

j. Draft Registration. Employees shall be granted official leave for sufficient time to permit registration as required by the Military Selective Service Act. Such official leave shall be granted subject to the following considerations:

- (1) Employees subject to registration.
- (2) These employees must register as provided in the Act.
- (3) They may submit to registration before a board having jurisdiction in the area of their permanent home, or in any area in which they may happen to be on the days they are subject to registration, as indicated in (2) above.

k. Officially-Sponsored Functions and Programs. Employees may be excused from work to participate in programs and functions sponsored by the Department or a Department agency. On certain circumstances, an employee may be excused when the function is sponsored by another Government agency such as OPM, etc.

These situations will be determined by the Agency on a case-by-case basis.

11-6. GROUP DISMISSALS

a. Nonwork Days Established by Executive Order or Administrative Order. The following rules apply to nonwork days established by Executive or Administrative Order, including closing of offices in accordance with 11-6c of this Chapter. They do not apply to excusals or dismissals because of hazardous weather covered in 11-6g of this Chapter. Any employees in an annual leave status shall not be charged leave on days on which all employees are excused from the performance of their duties because a nonwork day has been established by Executive or Administrative Order. Except for experts and consultants compensated at a per diem or per hour rate, and alien or native employees employed outside the continental limits of the U.S. who are compensated at a per diem or per hour rate, any employees in annual leave status shall not be charged leave on days on which all employees are excused from the performance of their duties because a nonwork day has been established by Administrative Order.

b. Emergency Conditions Due to Strike, Floods, etc. (See also DPM Chapter 610, Subchapter 1-3c(2)(d) for Application of Policy.)

- (1) Emergency "stand-by" service. During periods of such "stand-by" service, the employees are considered on active duty. Any absence from such duty status shall be charged to annual leave (or sick leave or nonpay leave status) in the same manner as prevails under normal circumstances.
- (2) Releasing employees from emergency "stand-by" service. When an order is issued to close down a unit and does not require employees to take annual leave, the days within the regular tour of duty are considered nonwork days established by Administrative Order, and employees shall not be charged leave for such days.

c. Local, State, and Territorial Holidays; and National Holidays of Foreign Countries. Field employees in the United States and those in the insular possessions may be excused from duty without charge to annual leave on local, state, and territorial holidays, and on national holidays of

SUBCHAPTER 11 - EXCUSED ABSENCE

11-6. GROUP DISMISSALS CONTD.

c. Local, State, and Territorial Holidays; and National Holidays of Foreign Countries (Cont'd.)

foreign countries when the Head of the Agency or a responsible administrative official designated by him/her determines that local conditions prevent them from working. (See DPM Chapter 610, Subchapter 3-1a, for standards to be applied in determining when Federal work may not be properly performed.) Experts and consultants with regular tours of duty who are compensated at per diem or per hour rates who are not in leave status will be charged annual leave, sick leave, if applicable, or nonpay leave status when excused from the performance of their duties under these circumstances. Similarly, alien or native employees outside the continental limits of the U.S. who are compensated at a per hour or per diem rate will be charged annual leave, sick leave, if applicable, or nonpay leave status.

When a field office is not closed because of a local holiday, a liberal policy of granting leave to employees who wish to be off to observe the holiday shall be observed. In determining the number of employees who may be spared, consideration should be given to such matters as the significance of the holiday locally, the workload of the office, and the immediate essentiality of the Federal service rendered. In light of such factors, as many employees as can be spared should be granted the leave requested to observe the local holiday.

d. Nonwork Days Established by Executive Order or Administrative Order and Local Holidays

Sick leave is charged the same as annual leave in such cases.

e. First Aid Training

Employees who are designated to take first aid training will not be charged with leave to attend such classes.

f. Official Leave to Greet Visiting Dignitaries

From time-to-time, the White House advises that it is desired that as many Government

employees in the Washington, D.C. area as possible have the opportunity to extend their greetings to dignitaries visiting in Washington, D.C. It is proper and wise that employees be given the satisfaction and pleasure of greeting and thereby recognizing important people who visit our Nation's capital. Notices of such visits are issued based on information provided by the White House. Due to the difference in distances and time required to walk to the ceremony, as well as the uncertainty of actual time of arrival of the visitor, it is impracticable to specify the time for the employees to leave and return to their work place.

Supervisors have the authority to grant leave. It should be their responsibility to determine and enforce time limits for attending these functions. They should see that the employees excused are given a reasonable time to attend the functions and return to duty unless the time of return coincides with dismissal time. In cases of failure to return to duty as specified, the total time off should be charged to leave.

g. Hazardous Weather

(1) Policy. Each Agency must maintain internal procedures necessary to implement hazardous weather dismissal plans. These must include a current record of those activities which must continue in operation regardless of weather conditions and notification as appropriate to employees engaged in these activities.

(2) Dismissals in the Washington, D.C. Metropolitan Area. Early dismissals of employees in the Washington, D.C. Metropolitan Area because of hazardous weather conditions will be permitted only upon notification to the Director of Personnel by the OPM InterAgency Advisory Board. Dismissal is automatic upon such notification. The Director of Personnel will, in turn, advise Agency Personnel Officers. In view of the automatic features of this policy, calls to transit lines, the Office of Personnel, to other offices responsible for communicating dismissal messages, to other Federal Agencies to question whether dismissal is imminent, and calls to make personal arrangements before dismissals are

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11-6. GROUP DISMISSALS CONTD.

g. Hazardous Weather

(2) Dismissals in the Washington, D.C. Metropolitan Area. (Contd.)

announced, shall not be made, to avoid congestion on telephone lines and waste of resources.

When hazardous conditions exist or develop before regular working hours, so that it is deemed essential to close all Federal activities in the Washington, D.C. Metropolitan Area, except for those engaged in services which cannot be suspended or interrupted, notice of the closing of Federal activities will be disseminated immediately throughout the area via radio, television, and the press.

Snow or ice conditions developing during the night or before regular working hours should not be the basis ordinarily for absence from work. Under unusually severe hazardous weather conditions, where it is considered not reasonably avoidable, tardiness not in excess of two hours may be charged to excused absence. In the case of employees who do not report for duty during hazardous weather, annual leave will be charged, unless the employee's supervisor or head of the office concerned determines, after personal review of the facts in each case, that the employee made every reasonable effort to get to work, but was unable to do so because of weather conditions. In such cases excused absence may be approved in amounts up to 8 hours. Determining factors in this decision include; distance between the employee's residence and place of work, mode of transportation used, and efforts by the employee to get to work. (Also see Subchapter 11-6g(5) of this Chapter.)

(3) Dismissals in Beltsville and Hyattsville, Maryland.

(a) Agricultural Research Center - Beltsville, Maryland. The Director, Beltsville Agricultural Research Center (BARC) is authorized to dismiss employees at the BARC and Soil Conservation Service employees at Glendale, Maryland, only with the concurrence of the Director or Acting Director of Personnel whenever hazardous weather conditions exist. Before

requesting the Director or Acting Director of Personnel's concurrence, the Director of BARC shall check with the police department for the area to determine whether road conditions in the area are such as to warrant early dismissal in the interest of the safety and health of employees. Those employees engaged in activities which the Agency Head has determined must continue in operation regardless of weather conditions shall not be dismissed.

(b) Federal Center Building Complex - Hyattsville, Maryland. The Director, Personnel Division, Animal and Plant Health Inspection Service (APHIS) is authorized to dismiss employees located in the Federal Center Building Complex only with the concurrence of the Director or Acting Director of Personnel whenever hazardous weather conditions exist and early dismissal may be appropriate. The same procedures and considerations prescribed for dismissal for Beltsville in Subchapter 11-6g(3)(a) of this Chapter shall be used prior to requesting such concurrence from the Director or Acting Director of Personnel.

Designated liaison officers for other Agencies located in the building may be consulted and shall be informed of any order for dismissal that is issued.

Each Agency having employees in the building must:

(i) have a liaison officer and alternate in the building to receive and implement the order. The Director, Personnel Division, APHIS, must be kept informed of such designations and changes.

(ii) provide for dismissal of all employees in the building in accordance with the order, except those employees engaged in activities which the Agency Head has determined must continue in operation regardless of weather conditions.

(4) Dismissal Outside the Washington, D.C. Metropolitan Area. Agencies shall be guided by the instructions contained in FPM Supplement 990-2, Book 610, Appendix A.

SUBCHAPTER 11 - EXCUSED ABSENCE

11-6. GROUP DISMISSALS (CONTD.)

(5) Rules for granting and charging leave.
Agencies shall follow the instructions contained in FPM Supplement 990-2, Book 610, Appendix A.

The reasons for the release of the employees must be documented by a memo to the record, and be available for future reference, if needed.

h. Granting and Charging Leave for Other Authorized Dismissals Due to Emergency Situations

The rules for granting and charging leave in *FPM Supplement 990-2, Book 610, Appendix A, shall be followed in any authorized case of early dismissal.*

i. Interruption of Normal Operations Due to Hot or Cold Working Conditions (Reference FPM Letter 610-6, June 30, 1981) - Washington, D.C. Metropolitan Area

Agency Personnel Officers are delegated authority to excuse employees for up to one workday when work operations are interrupted by hot or cold working conditions severe enough to meet the standards established by OPM in FPM Letter 610-6, dated June 30, 1981, and correction of the situation is not anticipated within four hours of the remainder of the day. The Deputy Director for Administrative Services, Office of Operations and Finance must be notified and consulted prior to any release of employees. Any closing beyond one workday requires the approval of the Director of Personnel.

The reasons for the release of employees must be documented by a memo to the record, and be available for future reference, if needed.

j. Interruption of Normal Operations Due to Other Adverse Working Conditions - Washington, D.C. Metropolitan Area

Agency Personnel Officers are delegated authority to excuse employees for up to one workday when work operations are interrupted by severe adverse working conditions and correction of the situation is not anticipated within four hours of the remainder of the day. The Deputy Director for Administrative Services, Office of Operations and Finance, must be notified and consulted prior to any release of employees. Any closing beyond one workday requires the approval of the Director of Personnel.

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SUBCHAPTER 12 - LEAVE WITHOUT PAY

12-1. DEFINITION

a. Charging Unauthorized or Unexcused Absence From Duty

Employees who are absent from duty without authorization and whose absence is not approved retroactively by the granting of sick or annual leave, place themselves in a nonpay leave status, termed "absence without leave" to distinguish it from "leave without pay," and may not be paid for the period of such absence. Agencies may close the matter administratively by recording the employee on absence without leave for such period. This does not preclude an Agency from taking adverse action based on absence without leave. (See FPM Chapter 751. For minimum charges of absence without leave, see DPM Subchapter 12-7a).

12-2. GRANTING LEAVE WITHOUT PAY

a. Administrative Discretion

(1) Leave without pay for 30 days. Leave without pay may be granted for a period not in excess of 30 days for any purpose.

(2) Leave without pay for career conditional employees. Upon request, 90 days of leave without pay will be granted to a career conditional employee when the employee must move to a new location to accompany a serviceman, or a Federal employee on rotational assignment or in a transfer of function or relocation of activity.

(3) Nonpay leave status imposed as result of floods, strikes, etc. An employee who does not have annual leave to his/her credit shall be placed in a nonpay leave status only with the prior approval of the Director of Personnel when an office is ordered to be closed down and the order requires employees to take annual leave. (See DPM Chapter 610, Subchapter 1-3c(2)(d).)

(4) Extended leave without pay. Leave without pay for more than 30 days is considered "extended" leave without pay. Initial grants of such leave without pay and extensions thereof are limited to one year at a time. For this type, the policy and standards in b. following shall be observed.

b. Standards

(1) Policy. It is the policy of the Department to grant extended leave without pay (that is, leave without pay for more than 30 days) only when it is for the benefit of the Department and for the welfare of the employee. Except when action is pending on an employee's application for disability retirement or disability compensation and in the case of disabled veterans requiring medical treatment, there should be an expectation that the employee will return to the Department upon expiration of the leave without pay. Requests for leave without pay and extensions thereof should be examined carefully and leave without pay which is granted must adhere to the policy and standards outlined herein. In the absence of a regulation or law forbidding it, the policy of the Department is to be liberal in the granting of leave without pay in the following cases:

(a) For disabled veterans who require medical treatment. See Subchapter 1-4 of this chapter.

(b) For employees whose applications for disability compensation are pending.

(c) For at least one year while an employee is being compensated by the Office of Workers Compensation with extensions in increments of six months or one year when a review of the case indicates the employee may be able to return to work at the end of six months or a year. (If review of the case indicates the employee will not or cannot return to work, leave without pay should not be extended and appropriate steps should be taken to separate the employee. An employee's election between retirement annuity and employees' compensation is discussed in FPM Supplement 831-1, Subchapter 7.)

(d) For employees actually being paid disability compensation, unless it is known that they are permanently disabled for performance of their duties.

(e) In cases of illness if medical or other evidence is obtained to attest to

SUBCHAPTER 12 - LEAVE WITHOUT PAY

12-2. GRANTING LEAVE WITHOUT PAY Contd.

b. Standards (Contd.)

the fact that the illness exists, unless such evidence shows that the employee will not return to duty.

(f) For maternity leave, when there is evidence that the employee intends to return to duty.

(g) For employees to attend school : the research or course of study to be pursued will result in increased job ability applicable to work of the Department. If the employee is a veteran attending, or who is to attend, an educational institution under provisions of Public Law 16 or Public Law 346, 78th Congress (G. I. Bill of Rights), a liberal policy should be applied even though the course of study is not directly related to the activities of the Department.

(h) For an employee to teach at a college or university if such teaching will give the employee additional experience and training of value to the Department, or in some way further the interests of the Department.

(2) Additional bases for leave without pay.

In addition to the cases listed above in which the Department specifies the use of a liberal policy, there are other situations in which extended leave without pay may be granted at the discretion of the Agency. They are as follows:

(a) To work in a non-Federal public (except public international organizations - see (b) following) or private enterprises where the work is temporary and the following provisions are met:

(i) The activity in which the employee is to be engaged is one of special interest to the Department and will result in increased job ability applicable to the work of the Department.

(ii) The doing of such work does not involve the use of information secured

as the result of employment in the Department to the detriment of the public service.

(iii) That such employment does not tend to bring criticism on the Department or cause embarrassment.

(iv) That the employee is not accepting office in organizations, nor permitting the use of his/her name in the advertising matter of organizations commercializing the results of research work conducted by the Department, irrespective of any merits. Such enterprise may appear to possess.

(b) For short-time (90 days or less) missions to public international organizations where the employee has highly specialized qualifications and is to be engaged in organizing programs or in consultation work. (Refer to DPM Chapter 352, Subchapter 6-1a(2).)

(c) When denial of leave without pay would result in severe personal hardship to the employee, and the Department is interested in his/her retention.

(d) In order to protect the employee's status pending final action by the Office of Personnel Management on a claim for disability retirement after all sick and annual leave have been used.

(3) Granting of leave without pay prior to exhaustion of annual leave. Leave without pay which is in accordance with the standards above may be granted to an employee without regard to the amount of annual leave to his/her credit.

12-5. CHARGING AND SUBSTITUTION

a. Minimum Charge

The minimum charge for leave without pay and absence without leave shall correspond to an Agency's minimum charges for annual and sick leave.

b. Charging Leave Without Pay on Holidays

The following items are concerned with charging leave without pay for holidays:

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SUBCHAPTER 12 - LEAVE WITHOUT PAY

12-5. CHARGING AND SUBSTITUTION Contd.

b. Charging Leave Without Pay on Holidays (Contd.)

(1) A charge of leave without pay is made for a holiday occurring in a period of leave without pay.

(2) A charge of leave without pay is not made for a holiday that immediately precedes leave without pay.

(3) If an employee returns to duty at the beginning of business the day following a holiday prior to which he/she was on a definite period of leave without pay, administratively approved in advance, no leave without pay charge is made for the holiday.

c. Charge to Nonpay Leave Status During Period of Emergency "Stand-by" Service

When a period of such "stand-by" service is declared as a result of an emergency due to floods, strikes, etc., employees are considered in active duty status, and any absence from such duty status shall be charged to nonpay leave status when an employee does not have leave to his/her credit.

d. Substitution of Annual Leave for Leave Without Pay

Annual leave to an employee's credit when *he/she went on leave without pay may be substituted for that leave without pay if the employee was not aware of his/her annual leave balance.*

to be hired by the United States Senate. Employment with the U.S. House of Representatives is decided on an individual case basis by the Committee on House Administration.

12-6. EMPLOYMENT RESTRICTIONS

Public Law 91-145, December 12, 1969, provides that "No part of any appropriation disbursed by the Secretary of the Senate shall be available for payment of compensation to any person for any period for which such person is carried in a leave without pay status from a position in or under any department or agency of the government." Employees must resign from Federal employment if they desire

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**SUPPLEMENT 830-1 - CSRS AND FERS HANDBOOK
CHAPTER 60 - DISABILITY RETIREMENT**

SECTION 60A2.1-3 DOCUMENTATION OF MEDICAL CONDITION

C. Review of Medical Evidence by the Department Medical Officer.

1. Disability retirement applications based on the following diseases are to be sent directly to the Office of Personnel Management (OPM), through the payroll office (National Finance Center (NFC)).

- a. Severe psychiatric disorders such as schizophrenia or manic-depressive illness,
- b. Cancer,
- c. Multiple sclerosis,
- d. Alzheimer's disease, or
- e. Second or third stages of AIDS.

2. All other disability retirement applications should be sent to the Department's Medical Officer via express mail. Review by the Department's Medical Officer is particularly important if the agency has any doubt regarding the extent of the disability, documentation by the employee's physician, or applications based on the following:

- a. Psychiatric disorders involving depression, anxiety, or stress,
- b. Chronic pulmonary obstruction,
- c. Back problems, or
- d. Inability of the employee to meet the medical standards prescribed for his/her position.

3. All preliminary retirement applications will be reviewed promptly by the Department's Medical Officer; then forwarded to NFC via express mail.

SECTION 60A6.1-1 CRITERIA FOR DISABILITY RETIREMENT DETERMINATION

B. Criteria Applicable to Both CSRS and FERS Disability Applications.
Before submitting a preliminary disability application, review the application to ensure that the following documentation required by OPM has been provided.

1. Comprehensive history of the patient's medical condition. This must include detailed information regarding symptoms and history, past and current physical findings, results of laboratory studies and therapy for this condition. Provide a discussion of patient compliance with therapy, response to therapy, and plans for future therapy. Also, provide copies of pertinent hospitalization summaries and operative reports.

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2. Copies of reports of all applicable diagnostic laboratory tests, e.g., hematologic, chemistry, electrophysiologic, radiologic, nuclear medicine. In the case of psychiatric disorders, provide the results of mental status examinations, personality tests, tests of cognitive function, educational evaluation, neuropsychiatric tests, etc.

3. Diagnosis of the patient's condition(s). Preferably each diagnosis should be found in the current publication, "International Classification of Diseases." In the case of psychiatric disorders, use the diagnostic titles and codes from the DSM III(R).

4. Assessment of the degree to which the medical condition(s) has or has not become static and an estimate of the expected date of full or partial recovery or remission.

5. If restrictions have been placed on the patient's activities, please state what they are, why they have been imposed, and how long it is expected that the restrictions will be in effect.

C. Frequent deficiencies observed by OPM on disability retirement applications. The following list, as prepared by OPM, is provided as guidance when reviewing the disability retirement application prior to submission.

1. Medical documentation is incomplete (copies of diagnostic tests and/or other reports are not submitted).

2. Medical documentation is limited and does not contain specific information to show why the applicant is not able to perform his/her duties, nor how long restrictions will last.

3. Medical reports are conclusionary rather than giving specific information.

4. Medical reports reference enclosures which are missing.

5. Medical reports are not signed, dated, and/or on the physician's letterhead.

6. Agency Medical Officer's recommendations, when made regarding the disability, are not well documented, e.g., summary statement made with no documented basis for the recommendation.

7. Agency certification of reassignment and accommodation efforts is incomplete, e.g., reassignment or accommodation efforts are completed, but not both; attempts to assist the applicant with his/her medical/psychological problems are not documented. Also, there is no explanation of why reassignment and/or accommodation is not possible or cannot continue.

**SUPPLEMENT 890-1 - FEDERAL EMPLOYEES HEALTH BENEFITS
SUBCHAPTER S2 - ADMINISTRATION**

S2-3. AGENCY RESPONSIBILITIES

c. Designating health benefits officers. The Office of Personnel is responsible for coordinating the Federal Employees Health Benefits (FEHB) Program throughout the Department. Through the Department's Health Benefits Officer, it maintains contact with the Office of Personnel Management (OPM) and serves as liaison and control point between OPM and agencies.

d. Designating authorized health benefits officials. Agency personnel officers and all other employees exercising delegated employment authority will serve as Health Benefits Certifying Officers, and will be responsible for:

(1) Determining and certifying the eligibility of each employee for coverage under the program. Each SF-2809, Health Benefits Registration Form, completed by an eligible employee must be signed by an authorized certifying officer.

(2) Accepting registration of an employee by a representative of the employee who has the employee's written authorization to do so. The written authorization must be attached to the original of the SF-2809 and filed in the employee's Official Personnel Folder (OPF).

(3) Determinations of incapacity required when an employee enrolls for family coverage which includes a child incapable of self-support who has reached the age of 22. Doubtful cases in the D.C. area should be referred to the Department Medical Officer for determination; doubtful cases in the field should be referred to the Medical Officer in the nearest OPM Regional Office.

(4) Determining that an employee was unable, for cause beyond his or her control, to register within 31 days after becoming eligible.

(5) Preparation and routing of SF-2810, as required.

(6) Maintaining an appropriate supply of FEHB forms, which can be ordered from the Consolidated Forms and Publications Distribution Center (CFPDC) located at Landover, Maryland.

(7) Distributing FEHB open season materials to eligible employees in accordance with instructions issued by the Office of Personnel.

**SUPPLEMENT 830-S - CSRS AND FERS HANDBOOK
CHAPTER 60 - DISABILITY RETIREMENT**

8. Information on the supervisory statement is in conflict with information on the agency's accommodation/reassignment form.

9. Supervisor's statement is incorrectly filled out, e.g., blocks are left blank, hours of leave used not shown, and/or information regarding proposed personnel actions is not submitted. Supervisor's statement paraphrases medical report rather than saying what effect the medical condition has had on the applicant that has been observed by the supervisor and/or co-workers.

10. A copy of the position description is not included with the application.

11. No evidence is included with the application indicating that applicants who are eligible to retire voluntarily have been informed of this fact. In some situations, optional retirement may result in a higher annuity.

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**SUPPLEMENT 890-1 - FEDERAL EMPLOYEES HEALTH BENEFITS
SUBCHAPTER S3 - PLANS**

S3-7. COORDINATION WITH THE DEPARTMENT OF STATE

a. Employees Covered

(1) Overseas assignments. Through an interagency agreement with the Department of State, employees who must be hospitalized and/or medically evacuated from an overseas post are assured of proper medical care when a host-country doctor/hospital will not accept the employee's FEHB coverage. This agreement allows the State Department to guarantee payment for all services rendered and bill the charges back to the employee's agency. As soon as practical after the services are provided, the employee is responsible for filing a claim with his/her insurance carrier and giving the proceeds of that claim to the agency. Under the agreement, the agency pays the difference between the actual cost of treatment and the portion paid by the carrier.

SECTION S3-8. COORDINATION BETWEEN FEHB, NON-FEDERAL PLANS, AND/OR STATE WORKERS' COMPENSATION OFFICES

a. Submitting claims for dependent children. When an employee and a non-Federal parent both have family health insurance coverage through their respective employers, claims for dependent children must first be submitted by the plan of the parent whose birthday (month/day) falls earlier in the year. If the birth dates are the same for both parents (month/day), then the claim should be submitted to the plan that has provided coverage for the longest period of time. In situations where one plan follows the "gender" rule (claims submitted to the father's plan first) and the other follows the "birthday" rule explained above, employees should follow the "gender" rule when coordinating benefits.

b. Employees and/or family members engaged in private or self-employment. Injuries of employees and family members incurred while engaged in private or self-employment are covered by the employee's FEHB plan. If the family member is also covered by workers' compensation, however, FEHB benefits will not be paid to the family member if the injury was incurred as a result of that employment. If the family member has other private health insurance, the FEHB plan will coordinate its benefits with the other plan.

SUPPLEMENT 890-1 - FEDERAL EMPLOYEES HEALTH BENEFITS
SUBCHAPTER S4 - COVERAGE

S4-1. EMPLOYEES COVERED

b. Cooperative employees

(1) In a letter dated June 15, 1960, the Civil Service Commission, predecessor of OPM, approved a pattern agreement (Exhibit 1 of this Subchapter) to be used in providing health benefits coverage to Federal cooperative employees who are paid from funds not under Federal control or paid insufficient Federal salary to cover withholdings and deductions.

(2) When a cooperative employee enrolls in a FEHB plan on the basis of an approved agreement, the following statement must be entered in the Remarks section of the SF-2809: "Registered under cooperative agreement effective [enter date of covering agreement]." If the registration represents the employee's first opportunity to enroll in FEHB, add "first opportunity" in the Remarks section, to establish the employee's eligibility for continuation of coverage upon retirement.

f. Temporary employees

(1) Eligibility and premiums

- (a) Under the Federal Employees Health Benefits Amendments Act of 1988, temporary employees who have completed 1 year of current continuous employment, excluding a break in service of 5 days or less, may enroll in FEHB. An employee enrolled under this Act must pay both the employee and the Government share of the premium. The following statement must be entered in the Remarks section of the SF-2809: "Temporary employee eligible under 5 U.S.C. 8609a must pay the full premium amount with no Government/agency contribution."
- (b) If a temporary employee is first hired on an intermittent basis, the 1-year period for FEHB eligibility does not begin until the employee's tour is changed to either full-time or part-time. The employee becomes eligible for FEHB 1 year after beginning the full- or part-time schedule, provided the employee is on a full- or part-time tour at the end of the 1-year period. If not, notification of eligibility must be delayed until the employee returns to a full- or part-time tour.
- (c) The employee must be in a pay status to enroll. Once enrolled, the employee retains his/her eligibility for coverage even when in a nonpay status. If the employee separates with a break in service of more than 5 days and is later rehired in another temporary position, he/she must again meet the 1-year eligibility requirement.

SUBCHAPTER S4 - COVERAGE

(2) Notification of eligibility

- (a) The Servicing Personnel Office (SPO) must identify each temporary employee who is eligible for coverage and provide information on the employee's enrollment opportunity. The SPO should use the report, Temporary Employees--FEHB Coverage Eligibility, to determine when a temporary employee becomes eligible to enroll. Exhibit 2 is a sample notice for use in notifying temporary employees of their eligibility to enroll in FEHB.
- (b) The SPO may choose between two methods of documenting that the employee was notified of his/her opportunity to enroll in FEHB: a signed SF-2809 enrolling or waiving coverage, or a copy of the notification memorandum. The notification memorandum must contain: (i) the employee's name, (ii) the date of eligibility, (iii) the date the memorandum was sent, and (iv) the date and result of the SPO's follow-up contact for employees who fail to respond. Either document used, the SF-2809 or notification memorandum, must be filed on the permanent side of the employee's OPF.

(3) Conversion to a permanent position

- (a) If an enrolled employee is converted to a permanent position, he/she may change plans, options, and types of enrollment. The enrollment change must be filed within 31 days after the change in employment status. The employee must be notified of this opportunity.
- (b) If the employee does not change plans, the SPO must prepare an SF-2810 to change the premium withholding, and to document that the employee enrolled in FEHB at the first opportunity. Parts A, H, and I of the SF-2810 must be completed. Part H must include the following remark: "Employee has been converted/appointed to a position in which he/she participates in a retirement system and is eligible for the Government/agency contribution to the FEHB premium." The effective date of the SF-2810 is either the same day as the change in employment status (if at the beginning of a pay period), or at the beginning of the next pay period after the change (if the change occurred in the middle of a pay period).

**SUPPLEMENT 890-1 - FEDERAL EMPLOYEES HEALTH BENEFITS
SUBCHAPTER S4 - COVERAGE**

**AGREEMENT BETWEEN THE (Name of Cooperating Agency)
AND THE (USDA Agency) U.S. DEPARTMENT OF AGRICULTURE,
FOR ADMINISTERING THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM**

So that Federally appointed cooperative employees of the (USDA Agency) assigned to cooperative work carried out under a (Cooperative Agreement) (Memorandum of Understanding) between the (Name of Cooperating Agency) and the (Agency) of the U.S. Department of Agriculture (USDA), effective (Date), may be eligible for coverage under the Federal Employees Health Benefits Program (FEHBP), it is agreed that it shall be the joint responsibility of the (Name of Cooperating Agency) and the (USDA Agency) to administer the FEHBP and the regulations relating to this subject as prescribed by the U.S. Office of Personnel Management (OPM) and USDA. In addition to the requirements for coverage and pursuant to the foregoing objective, it is mutually agreed:

1. That for the purpose of this agreement, the term Federal funds shall mean funds available to and controlled by the (USDA Agency), and the term non-Federal funds shall mean funds available to and controlled by the (Name of Cooperating Agency), inclusive of Federal-grant funds.

2. That the (Name of Cooperating Agency) and the (USDA Agency) will establish the necessary administrative and fiscal procedures, specifically:

a. The (USDA Agency) agrees to:

(1) Be responsible to OPM through USDA for administering all matters pertaining to the FEHBP.

(2) Provide technical advice and assistance to the (Name of Cooperating Agency) in the interpretation and application of FEHBP provisions and regulations, and in the installation of the program.

(3) Furnish to the (Name of the Cooperating Agency) copies of such documents as may be necessary to perform properly its obligations under this agreement.

(4) Review and appraise as part of its regular internal audit program the adequacy and effectiveness of the fiscal procedures and operations and to determine the degree of compliance with requirements.

(5) (a) Within 31 days after the effective date of this agreement, each employee eligible to enroll shall file with the appropriate Health Benefits Certifying Officer of the (USDA Agency) a properly executed SF-2809, Health Benefits Registration Form, either electing to be enrolled or not to be enrolled in a Health Benefits Plan.

(b) Each employee who becomes eligible after 31 days after the effective date of this agreement must register within the time periods and in accordance with the regulations prescribed by OPM and USDA.

SUBCHAPTER S4 - COVERAGE

- (6) The effective date for enrollment under paragraph (5)(a) above is the first day of the first pay period in which the employee's SF-2809 is received by the appropriate Health Benefits Certifying Officer, and in which the employee is in pay status. The effective date of other enrollments or changes shall be set in accordance with regulations prescribed by OPM and USDA.

b. The (Name of Cooperating Agency) agrees to:

(1) Withholdings. Beginning with the effective date of enrollment and during any subsequent pay period of employment in which an eligible employee is enrolled in the FEHBP and in which the employee is paid from non-Federal funds, the payroll office of the (Name of Cooperating Agency) will withhold from the salary of such employee, as his/her share of the costs of Health Benefits, the amount applicable to the plan and option of choice, as shown on the employee's SF-2809. (During any period of employment in which the employee is paid from Federal funds, these withholdings will be made from the employee's salary by the Federal payroll office.)

(2) Contributions. For each pay period in which an employee is covered under the FEHBP and for which withholdings have been made from non-Federal funds, the payroll office of the (Name of Cooperating Agency) shall contribute the amount established by OPM as the employer's share of the costs applicable to the plan of the employee's choice. (During any period of employment in which the employee is paid from Federal funds, the contributions will be paid from Federal funds by the Federal payroll office.)

(3) Disposition of Money. Payroll deductions and employer contributions withheld and paid from non-Federal funds by the payroll office of the (Name of the Cooperating Agency) will be paid by check drawn payable to OPM and forwarded to the appropriate (USDA Agency payroll office) within 12 days following the close of the pay period covered by such withholdings and contributions. This check will be supported by a list showing enrollment code number and amount applicable to each employee. (Payroll deductions and agency contributions withheld and paid from Federal funds will be handled in accordance with regulations prescribed by OPM and USDA.)

3. The (Name of Cooperating Agency) and the (USDA Agency) further agree to maintain fiscal and personnel records as may be prescribed under the FEHBP and regulations and procedures promulgated for administering the Program, and to furnish such reports on prescribed forms as may from time to time be required by OPM, the company or companies underwriting the FEHBP, or USDA.

4. The (Name of Cooperating Agency) and (USDA Agency) mutually agree that the effective date of this agreement shall be _____.

(Date)

(Head of USDA Agency)

(Date)

(Name and Title of Authorized
Official of Cooperating Agency)

**SUPPLEMENT 890-1 - FEDERAL EMPLOYEES HEALTH BENEFITS
SUBCHAPTER S-4 - COVERAGE**

[SAMPLE NOTICE TO A TEMPORARY EMPLOYEE]

Mr. John A. Doe
123 Main Street
Anytown, USA 00000-0000

[DATE]

Dear Mr. Doe:

The Federal Employees Health Benefits Amendments Act of 1988 permits temporary employees who have completed 1 year of current continuous employment, excluding breaks in service of 5 days or less, to enroll in the Federal Employees Health Benefits (FEHB) Program. On [date] you will have completed 1 year of continuous service.

There is no Government contribution to FEHB for temporary employees. The full premium will be withheld from your pay if you decide to enroll. Enclosed is the Enrollment Information Guide and Plan Comparison Chart for Certain Temporary Employees [RI 70-8]. There is a brochure for each insurance plan that explains the plan's benefits in more detail. We will furnish a copy at your request.

If you want to request brochures, ask questions, or get an enrollment form, contact [name and telephone number] . If you decide to enroll, your completed registration form must be received in [location] within 31 days of the date shown in the first paragraph of this letter.

Sincerely,

Name of appropriate official
Title

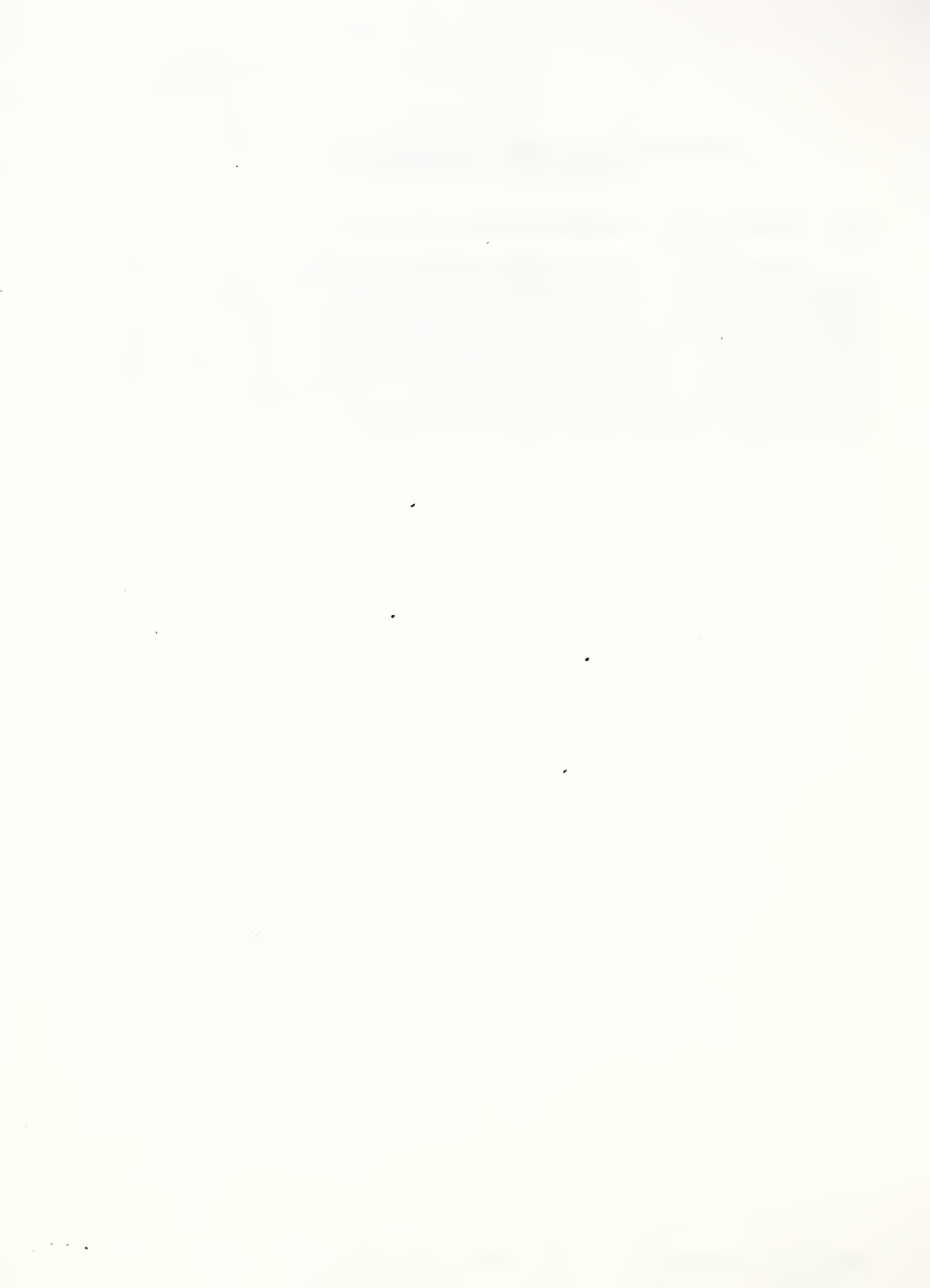
Enclosure

[Date and result of follow-up contact to be noted on file copy.]

**SUPPLEMENT 890-1 - FEDERAL EMPLOYEES HEALTH BENEFITS
SUBCHAPTER S5 - REGISTRATION**

S5-6. AGENCY ACTION FOR EMPLOYEES WHO DO NOT REGISTER

a. Responsibility of the Servicing Personnel Office (SPO). The SPO must establish a follow-up system to ensure that employees eligible for FEHB coverage return the SF-2809 within the 31-day deadline. For SPO's using the USDA Payroll/Personnel Processing System, CULPRIT Report P0059 is available for this purpose, and should be run at the end of each pay period. Employees who have not yet returned their SF-2809 should be contacted and urged to file the form, either electing or waiving coverage. If the employee indicates he or she plans to waive coverage, the employee should be informed of the 5-year rule regarding eligibility to continue FEHB coverage after retirement.



**SUPPLEMENT 890-1 - FEDERAL EMPLOYEES HEALTH BENEFITS
SUBCHAPTER S8 - CONTINUATION OF ENROLLMENT**

S8-4. EFFECT OF NONPAY STATUS

a. When enrollment continues

(1) **Nonpay status.** The enrollment of an employee in a leave without pay (LWOP) status may normally continue for up to 365 days, subject to payment of premiums by the employee. The 365-day rule does not apply to an eligible employee who is already enrolled and who transfers to a position which would normally be excluded from coverage and who is routinely placed in a nonpay status because of the nature of his/her appointment (seasonal, intermittent, alternator or work study). In these situations, the enrollment may continue indefinitely, subject to payment of premiums.

(2) **Notification and arrangements for premium payments.** When entering LWOP or other nonpay status, the employee must be notified that health coverage will continue as indicated in (1) above, unless the employee indicates in writing that continuation of health coverage is not desired.

(a) Refer to Exhibit 20 of FPM Supplement 890-1, Appendix A, for an example of the notice that must be provided to the employee. The signed response from the employee should be filed on the permanent side of the OPF.

(b) The employee may elect to make premium payments during the nonpay status period, or to have double premiums withheld from pay when he/she returns to a pay status.

(c) Agencies serviced by the National Finance Center will receive a report when an employee on LWOP is nearing the 365-day time limit so that appropriate action can be taken.

(3) **Preliminary disability or OWCP compensation.** When employees go on LWOP pending approval of preliminary disability retirement or OWCP compensation, benefits are generally retroactive to the last day in pay status. To avoid double payments being made to carriers, agencies should make sure that the personnel action is properly coded to reflect either LWOP pending approval of disability, or OWCP pending. In the event an employee's disability retirement application is not approved, the agency must notify the payroll office so that the employee can be billed for premiums payable during the period of LWOP.

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IMPORTANT NOTES

HIV/AIDS Style Guide

HIV/AIDS STYLE GUIDE

Terms to Avoid	Why?	Use Instead
Aids	The proper term is an acronym for <u>A</u> cquired <u>I</u> mmuno <u>D</u> eficiency <u>S</u> ndrome.	AIDS
AIDS carrier; AIDS positive	This confuses the two distinct phases of having asymptomatic HIV infection and having AIDS.	HIV positive; HIV antibody positive; AIDS
AIDS test	The most commonly used test detects antibodies to HIV. There is a test which detects the virus itself but it is not yet in general use. Because the diagnosis for AIDS depends on clinical symptoms, there is no test for AIDS.	HIV antibody test
catch AIDS	It isn't possible to catch AIDS, the disease that results from HIV infection. This suggests routes of transmission similar to colds or the flu. HIV is not air or water born, and requires an exchange of blood, semen, vaginal, secretions, or breast milk. Use language that distinguishes between becoming infected with HIV and developing AIDS.	contract HIV; become infected with HIV; become HIV positive develop AIDS; have a diagnosis of AIDS
AIDS sufferer	Having AIDS does not mean being ill all the time. A person living with AIDS can continue to work and live a normal life for some time after diagnosis;	person with AIDS (PWA)
AIDS patient	Only appropriate when someone is ill. Use care to distinguish between being ill with AIDS and having asymptomatic HIV infection.	person living with AIDS (PLWA)
AIDS victim	Suggests helplessness, which is no longer appropriate.	
innocent victim	Suggests anyone else with AIDS is guilty.	
promiscuous	Implies an inappropriate moral overtone for presentation. The term also means different things to different people	multiple sex partners
high-risk groups	People are at risk because of what they do, not who they are.	high risk activities; high risk behaviors
homosexual men	There are men who have sex with other men who do not consider themselves homosexuals. This word can also have a pejorative connotation.	men who have sex with men
lesbian	Some women who have sex with women do not consider themselves lesbians. However, some women who have sex with women prefer the term lesbian.	women who have sex with women

HIV/AIDS STYLE GUIDE

Terms to Avoid	Why?	Use Instead
boyfriend/ girlfriend husband/ wife/ spouse	A presenter cannot make assumptions about the sexual activity, sexual orientation, or marital status of the members of the audience.	sexual partner
lifestyle	Often used as a euphemism for extramarital sexual activity or a homosexual orientation, but neither of these in itself puts a person at risk.	behaviors activities
safe sex	No sexual activity with another person is 100% safe unless the person is known not to be infected with HIV.	safer sex
addict junkie	These terms imply a judgmental attitude, which is not appropriate. They also do not identify the high risk behavior of sharing needles.	injecting drug user; injection drug user; IDU
IV drug user	Does not include the full range of needle sharing activity, such as skin popping.	person who shares needles or syringes
the time it takes AIDS to "show up"	Does not recognize the distinction between HIV infection and AIDS.	window period
sexual preference	Assumes one makes a choice about sexual identity.	sexual orientation
full-blown AIDS	When the correct distinction is always made between HIV and AIDS, there is no need to use this term.	AIDS
plague	suggests a contagious disease, transmissible by casual contact.	epidemic

This guide is adapted from one modeled after the 1990 Unesco AIDSSED Newsletter.

IMPORTANT NOTES

Written Assessment

Written Assessment

Please answer the following 35 questions by checking the box with the best answer. Note that some questions are true and false and others are multiple choice. True/false questions are identified with only two boxes; multiple choice questions feature four boxes.

- | | A
or
True | B
or
False | C | D |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. There is a test for AIDS. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. HIV antibody tests detect the presence of the virus. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. A woman with HIV can pass the virus to her unborn child. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Choose the statement that <i>best</i> states USDA's policy on reasonable accommodation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Specific requests for reasonable accommodations must be granted. | | | | |
| b. USDA makes reasonable accommodations for known disabilities. | | | | |
| c. USDA is obligated to make reasonable accommodations to a qualified employee with a known disability. | | | | |
| d. USDA may choose to make reasonable accommodations to a qualified employee with a known disability. | | | | |
| 5. HIV-2 represents a minimal risk in the United States. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. The <i>window period</i> refers to the time between infection and onset of symptoms of HIV disease. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. Choose the statement that <i>best</i> describes the ELISA test: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. The ELISA test may be overinclusive. | | | | |
| b. The ELISA test is a sensitive test for HIV. | | | | |
| c. The ELISA test detects the presence of HIV. | | | | |
| d. The ELISA test detects the presence of antibodies to HIV and may occasionally mistake other antibodies as HIV-antibodies. | | | | |

- | | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. | The Western Blot test is used to confirm the results of an ELISA test. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9. | The <i>incubation period</i> refers to the time between HIV infection and the onset of symptoms of HIV disease. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10. | There are documented cases of HIV transmission from mother to child through breast feeding. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11. | In the United States, HIV is increasing among heterosexuals. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12. | The <i>Family and Medical Leave Act</i> allows an employee to take up to 12 weeks of unpaid leave annually to address their own HIV/AIDS conditions or that of a parent, legal spouse, or child. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13. | HIV positive workers may be eligible for disability retirement depending on the number of years of Federal service and medical condition. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14. | HIV cannot be transmitted through tattooing or ear piercing. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15. | Requests for reasonable accommodation should be initiated by the employee. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16. | A person with unexplained weight loss, drenching night sweats, and swollen lymph glands should assume that he/she is HIV infected. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17. | The following body fluids have been documented to transmit HIV: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | a. Blood, semen, urine, and feces. | | | | |
| | b. Blood, semen, urine, and saliva. | | | | |
| | c. Blood, semen, vaginal secretions, and breast milk. | | | | |
| | d. Blood, semen, vaginal secretions, and tears. | | | | |
| 18. | One way to avoid HIV infection is to use condoms of any kind. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19. | Secondary risk factors include the use of alcohol and other drugs and multiple sexual contacts. | <input type="checkbox"/> | <input type="checkbox"/> | | |

8. The Western Blot test is used to confirm the results of an ELISA test. ☐ ☐
9. The incubation period refers to the time between HIV infection and the onset of symptoms of HIV disease. ☐ ☐
10. There are documented cases of HIV transmission from mother to child through breast feeding. ☐ ☐
11. In the United States, HIV is increasing among injection addicts. ☐ ☐
12. The Family and Medical Leave Act allows an employee to take up to 12 weeks of unpaid leave annually to address their own HIV/AIDS condition or that of a person, legal spouse, or child. ☐ ☐
13. HIV positive workers may be eligible for disability retirement based on the number of years of Federal service and medical condition. ☐ ☐
14. HIV cannot be caught by simply shaking hands or kissing. ☐ ☐
15. The federal government's commitment to HIV/AIDS is reflected in the following: ☐ ☐
 - a. The National HIV/AIDS Strategy for the United States
 - b. The Ryan White HIV/AIDS Program
 - c. The National HIV/AIDS Clearinghouse
 - d. The National HIV/AIDS Memorial Quilt
16. One way to avoid HIV infection is to use condoms correctly. ☐ ☐
17. According to the Centers for Disease Control and Prevention, the use of condoms is one of the most effective ways to prevent HIV infection. ☐ ☐

20. Choose the statement that *best* states USDA's policy on non-discrimination: ☐ ☐ ☐ ☐
- a. Non-discrimination means that an employee cannot be discriminated against based on an actual disability.
 - b. Non-discrimination means that an applicant cannot be discriminated against based on an actual disability.
 - c. Non-discrimination means that an employee or applicant cannot be discriminated against based on an actual or perceived disability.
 - d. None of the above.
21. In terms of HIV prevention, mutual monogamy is *best* defined as: ☐ ☐ ☐ ☐
- a. Having sex with only one other person.
 - b. Having sex with only one other person at a time.
 - c. Having sex with one uninfected person who is only having sex with you.
 - d. Having sex with only one other uninfected person who is only having sex with you, and is not sharing needles or other drug-injection equipment.
22. Some people living with HIV have remained asymptomatic for more than 10 years. ☐ ☐
23. AIDS remains incurable. ☐ ☐
24. The risk of HIV transmission in a non-health-care work setting is minimal. ☐ ☐
25. Unbroken skin serves as an effective barrier against HIV transmission. ☐ ☐
26. Donating blood may pose an HIV transmission risk to the donor. ☐ ☐
27. Being coughed or sneezed on by an infected person may pose an HIV transmission risk. ☐ ☐
28. A person refusing to work with an HIV-infected coworker may be ultimately subject to disciplinary action. ☐ ☐
29. All HIV-related information released to USDA should be treated as confidential. ☐ ☐

30. If a supervisor is unable to observe an employee's performance because of excessive absence, the only option is to issue an unsuccessful rating. ☐ ☐
31. Employees may donate to leave bank and leave transfer programs on behalf of an eligible employee living with HIV/AIDS. ☐ ☐
32. An USDA employee's HIV/AIDS status will not affect his/her existing medical insurance. ☐ ☐
33. No USDA employee may be required to undergo a medical examination to assess fitness for duty. ☐ ☐
34. 99% of HIV infected individuals test positive on HIV antibody tests within 4 weeks. ☐ ☐
35. Cleaning injection equipment with bleach and water is an effective risk reduction measure for injection drug users. ☐ ☐

30. If a supervisor is unable to observe an employee's performance, because of excessive absence, the only option is to issue an unsatisfactory rating. ☐ ☐
31. Employees may choose to leave work and leave transfer papers on behalf of an eligible employee living with HIV/AIDS. ☐ ☐
32. An ELISA and two HIV/AIDS tests will not allow the doctor to make medical decisions. ☐ ☐
33. No HIV/AIDS employee may be required to undergo a medical examination to access leaves for duty. ☐ ☐
34. 95% of HIV infected individuals are positive on HIV antibody tests within 4 weeks. ☐ ☐
35. Testing options are more varied than with blood and urine - so effective risk reduction strategies for injection drug use are more varied. ☐ ☐

IMPORTANT NOTES

IMPORTANT NOTES

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IMPORTANT NOTES